PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN 25 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N11204

1. Corporation Name
RESIDENCIAL EL PRADO CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address		**3.** Mailing Office Address	
2740 W. 61 PLACE		1957 W. 60 ST	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State HIALEAH, FL	
Zip 33016	Country USA	Zip 33012	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/20/1985 SP

5. FEI Number 59-2861645 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TERRA MANAGEMENT & REAL ESTATE SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable)
1957 WEST 60 STREET

Suite, Apt. #, Etc.

City	State	Zip Code
HIALEAH	FL	33012

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 1-16-01
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	IVONNE ALONSO	2740 W. 61 PL #104	HIALEAH, FL 33016
VP/D	MARGARITA BETANCOURT	2740 W. 63 ST #206	HIALEAH, FL 33016
T/D	ANA SAAVEDRA	2740 W. 63 ST #205	HIALEAH, FL 33016
D	ISIDOROS MARTINEZ	2730 W. 61 PL #207	HIALEAH, FL 33016
D	LUIS FIGUEIRAS	2730 W. 60 PL #101	HIALEAH, FL 33016

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 1-16-01 305 826-6606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ana Saavedra