


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004
CORPORATION
REINSTATEMENT
AMENDED AR

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 25 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *204*

1. Corporation Name

Residencial El Prado Condominium Association Inc,

7750 W. 26 Avenue
P.O. Box 160718

2. Principal Office Address
7750 W. 26 Avenue

3. Mailing Office Address
P.O. Box 160718

Suite, Apt. #, etc.
Suite # 4

Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State
Hialeah, FL

Zip
33016

Country
U.S.A.

Zip
33016

Country
U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

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
Florida's Property Management Group, Corp.

Street Address (P.O. Box Number is Not Acceptable)
7750 W. 26 Avenue

Suite, Apt. #, Etc.
Suite # 4

City
Hialeah

State
FL

Zip Code
33016

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

REGISTERED AGENT MUST SIGN

Date *7-27-04*

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
PD	Ceballos Marcos	7750 W. 26 Ave # 4	Hialeah, FL, 33016
TD	Imbert Francisco	7750 W. 26 Ave # 4	Hialeah, FL, 33016
SD	Tellez Mario	7750 W. 26 Ave # 4	Hialeah, FL, 33016
D	Collado Nuris	7750 W. 26 Ave # 4	Hialeah, FL, 33016
D	Perez Waldo	7750 W. 26 Ave # 4	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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E031 (01/04)