

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

2700000004184  
 FILED

03 OCT 27 AM 9:05

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **N12723**

1. Corporation Name

**LOS BELLOS JARDINES CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

Mailing Address

5843 W. 26 AVE.  
 HIALEAH FL 33016

5843 W. 26 AVE.  
 HIALEAH FL 33016  
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9143 NW 146 Terrace  
 Miami Lakes FL  
 33018 U.S.A.

**REINSTATEMENT** 03

4. Date Incorporated or Qualified To Do Business in Florida

12/23/1985

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	<del>SUNOL, MIRIAM</del> Tena, Yuraisi	<del>5843 WEST 26 AVE.</del> 5845 W 26 St.	<del>CORAL CITY FL</del> Hialeah, FL 33016
VD	SOTO, ISRAEL Mendez, Andy	58401 N.W. 4TH CT 5851 W 26 Ave	HIALEAH FL 33016
STD	MARITZA NORIEGA Xiomara Vargas Francisca Vargas	5851 W 26TH AVE 5849 W 26	HIALEAH FL 33016
			800024103328 10/27/03--01022--007 **175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUNOL, MIRIAM  
 5843 W. 26 AVE.  
 HIALEAH FL 33016

Name: Yuraisi Tena  
 Street Address (P.O. Box Number is Not Acceptable): 9143 NW 146 Terrace  
 Suite, Apt. #, Etc.:  
 City: Miami Lakes State: FL Zip Code: 33016

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**

Date 10/20/03

REGISTERED AGENT MUST SIGN

11. 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03

CR2E040 (7/03)