## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN <sup>*</sup>



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N12723

LOS BELLOS JARDINES CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

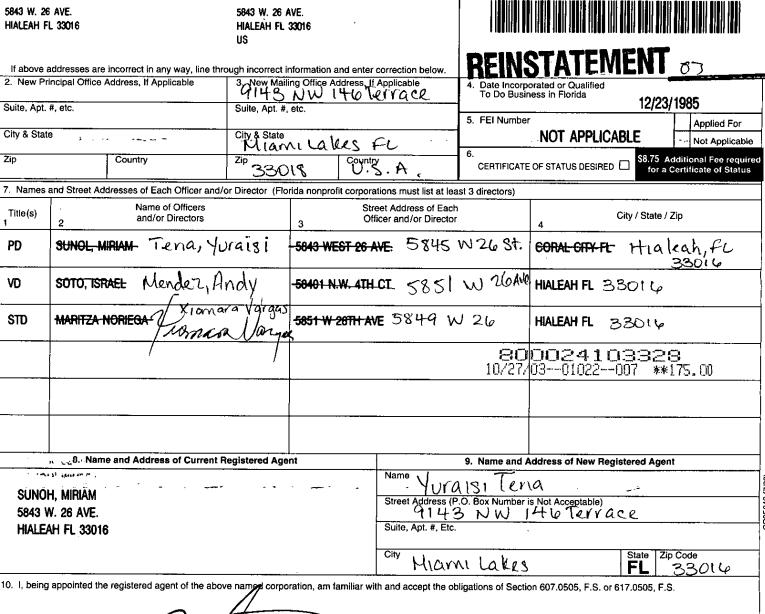
Mailing Address

5843 W. 26 AVE. HIALEAH FL 33016 5843 W. 26 AVE.

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SECRETARY OF STATE FALLAHASSEE FLORIDA



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:

(1) h

Signature of Registered Agent

MEDONKED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EGISTERED AGENT MUST SIGN

10/20/03

Date

10/20/03