PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

JM 1268

APPROVED AND FILED
98 DEC 14 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15600

1. Corporation Name: PATIO GRANDE II TOWNHOMES ASSOC, INC.

Principal Place of Business	Mailing Address
	275 FONTAINEBLEAU BLVD.#200 MIAMI, FL. 33172

REINSTATEMENT 97-98

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

4. Date Incorporated or Qualified To Do Business in Florida: 6/25/86

5. FEI Number: 59-2674951 ☐ 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)

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-12/22/98--01051--001
****297.50 ****297.50

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State/Zip 4
P/D	GERMAN GALVEZ	560 N.W. 109 AVE#5	Miami, FL. 33172
VP/D	PEGGY MARTINEZ	560 N.W. 109 ave. #2	Miami, FL. 33172
T/D	GENARO MONTOYA	530 N.W. 109 AVE #1	Miami, FL. 33172
S/D	AMERICA MILIAN	610 N.W. 109 AVE.#4	Miami, FL. 33172

DM 12/15

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: NESTOR ALVAREZ, P.A. Street Address (P.O. Box Number is Not Acceptable): 3971 S.W. 8 ST. Suite#209 Suite, Apt. #, Etc.: #209 City: CORAL GABLES, State: FL Zip Code: 33134

CP2E040 (12/88)

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.

Signature of Registered Agent _____ (REGISTERED AGENT MUST SIGN) Date 12/3/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: _____ German Galvez
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

12/4/98 (305)8880993
(Date / Daytime Phone #)