

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 25 PM 2:36

DOCUMENT # N20733 WDI-11441

1. Corporation Name

Seville Place Condominium Assoc. Inc.  
C/O Ama Management Services, Inc.  
6850 Coral Way suite#308 Miami, FL 33155

2. Principal Office Address

AMA Management Services  
Suite, Apt. #, etc.

3. Mailing Office Address

AMA Management Services  
Suite, Apt. #, etc.

6850 Coral Way # 308  
City & State

Miami, FL 33155  
Zip Country

33155

6850 Coral Way #308  
City & State

Miami, FL 33155  
Zip Country

33155

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-2669560

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

Anicia Morales

Street Address (P.O. Box Number is Not Acceptable)

6850 Coral Way Suite #308 Miami, FL 33155  
Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Anicia Morales*

REGISTERED AGENT MUST SIGN

Date: April, 24 20-01

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
VPD	Giulio Saettone	8320 NW 191 Lane	Miami FL 33015
DR	Victor Delgado	8311 NW 191 Lane	Miami FL 33015
T	Martha Moran	8313 NW 191 Lane	Miami, FL 33015

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 669-9850

CR2E081 (9/00)