

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 16 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/20/03--01004--006--306.25

03-2403

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1124454

1. Corporation Name
Milam Airport Park II Condominium Assoc, INC

2. Principal Office Address
8299 Coral Way
Suite, Apt. #, etc.

3. Mailing Office Address
8299 Coral Way
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip 33155 Country USA Zip 33155 Country USA

REINSTATEMENT

0203

4. Date Incorporated or Qualified To Do Business in Florida 1/22/1988

5. FEI Number 650077016 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875. Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Julio Gonzalez Portuondo / Property Management Services

Street Address (P.O. Box Number is Not Acceptable)
8299 Coral Way

Suite, Apt. #, Etc.

City Miami State FL Zip Code 33155

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 [Signature] Date 9/25/03

REGISTERED AGENT MUST SIGN

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	Calisto, Enrique	7018 NW 50 St	Miami, FL 33166
SD	SOUZA, Sergio	7020 NW 50 St	Miami, FL 33166
TD	Rodriguez, FRANCISCO	7022 NW 50 St	Miami, FL 33166

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] SD AUG 9/15/2003 Date 305-264-4250 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR-57 1-11-02