PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

02 JUL 30 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 01-02

DOCUMENT # N26123

1. Corporation Name
MIRAFLORES VILLAS CONDOMINIUM ASSOCIATION INC.

2. Principal Office Address	3. Mailing Office Address
1787 W. 58 ST.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL.	City & State
Zip: 33012 Country: DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 26-1988

5. FEI Number: 65-0120326 ☐ 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: FRANK SOLER

Street Address (P.O. Box Number is Not Acceptable): 1787 W. 58 ST.

Suite, Apt. #, Etc.: N/A

City: HIALEAH State: FL Zip Code: 33012

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: F. Soler Date: 7-27-2002
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD	FRANK SOLER	1787 W. 58 ST.	HIALEAH, FL-33012
TD	MIGUEL ALEMAN	1797 W. 58 ST.	HIALEAH, FL-33012
SD	HUMBERTO RAMOS	1785 W. 58 ST.	HIALEAH, FL-33012

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: F. Soler FRANK SOLER 7-27-2002 305-821-3478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/31/02