


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
2006 JUL -5 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION**  **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N35634**  
1. Corporation Name  
**Q. 2. CONDOMINIUM ASSOCIATION, INC.**

2. Principal Office Address <b>18559 SW 104<sup>TH</sup> AVE.</b>		3. Mailing Office Address <b>18543 SW 104<sup>TH</sup> AVENUE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>	
Zip <b>33157</b>	Country <b>USA</b>	Zip <b>33157</b>	Country <b>USA</b>

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **12/08/1989**

5. FEI Number **65 0176597**

6. CERTIFICATE OF STATUS DESIRED  \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

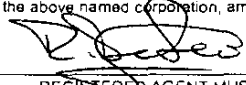
Name **RICARDO DE LEO**

Street Address (P.O. Box Number is Not Acceptable)  
**18543 S.W. 104<sup>TH</sup> AVE.**

Suite, Apt. #, Etc.

City **MIAMI** State **FL** Zip Code **33157**

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.

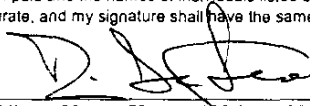
Signature of Registered Agent  Date **07/03/06**

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	ALAN STARK	18557 SW 104 AVE. MIAMI, FL. 33157	MIAMI/FL/33157
TD	ALGIS MATOS	10389 SW 104 AVE.	MIAMI/FL/33157
SD	ROBERTO DE LEO	18543 SW 104 AVE.	MIAMI/FL/33157
<b>137/10/04</b>			<b>000077401290</b>
			<b>07/13/06--01058--017 **\$1.25</b>

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 contained in Chapter 119, 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:  Date **7/3/06** 305 594 0850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #