

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

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DOCUMENT # N49971

1. Corporation Name
**GREEN BRIAR WEST TOWN HOUSES ASSOCIATION OF
WESTCHESTER, INC.**

2. Principal Office Address
9652 SW 20TH TER

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33165

Country
USA

3. Mailing Office Address
P.O. Box 0837

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33265-0837

Country

REINSTATEMENT *qfw*

4. Date Incorporated or Qualified
To Do Business in Florida **07/21/1992**

5. FEI Number
65-0350045

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
ISABEL INFANTE

Street Address (P.O. Box Number is Not Acceptable)
9652 SW 20TH TER

Suite, Apt. #, Etc.

~~300003483883-6~~
~~-12/04/00-01006-013~~
~~****428.75 ****428.75~~

City
MIAMI

State
FL

Zip Code
33165

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
Isabel Infante

REGISTERED AGENT MUST SIGN

Date **10/17/2000**

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
<i>P/D</i>	ISABEL INFANTE	9652 SW 20TH TER	MIAMI, FL 33165
<i>V.P.</i>	JORDAN AMADOR	9629 SW 20TH TER	MIAMI, FL 33165
<i>S/D</i>	CECIL HOWARD CALLENDER	9632 SW 20TH TER	MIAMI, FL 33165
<i>ASS</i>	FAUSTO VALDES	9505 SW 20TH TER	MIAMI, FL 33165
<i>T/D</i>	RAMON FERRER	9501 SW 20TH TER	MIAMI, FL 33165

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: *Isabel Infante* **ISABEL INFANTE** **10/17/2000** **305-223-1435**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *Ext 227*

CR2E081 (9/99)