

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JAN 14 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003514

1. Corporation Name G.V.P. Condominium Association, Inc.

W98-319

Principal Place of Business Mailing Address

5455 S.W. 8th Street  
Miami, FL 33144

REINSTATEMENT 94-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable <u>5455 S.W. 8th Street</u> Suite, Apt. #, etc. <u>105</u> City & State <u>Miami, FL</u> Zip <u>33144</u> Country <u>U.S.</u>		3. New Mailing Office Address, if Applicable <u>10556 N.W. 26th Street</u> Suite, Apt. #, etc. <u>203</u> City & State <u>Miami, FL</u> Zip <u>33172</u> Country <u>U.S.</u>	
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4. Date Incorporated or Qualified To Do Business in Florida  
8/4/93

5. FEI Number  
65-0472196 Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>DP</u>	<u>Andres Cabo</u>	<u>5455 S.W. 8th Street #105</u>	<u>Miami, FL 33144</u>
<u>DP VP</u>	<u>Luis Cardona</u>	<u>5455 S.W. 8th Street #245</u>	<u>Miami, FL 33144</u>
<u>DS</u>	<u>C. Gloria Alonso</u>	<u>5455 S.W. 8th Street #235</u>	<u>Miami, FL 33144</u>
			<u>500002406416--8</u> <u>-01/21/98--01044--005</u> <u>****420.00 ****420.00</u>

8. Name and Address of Current Registered Agent

Anderson, Michel E.  
10761 S.W. 104 Street  
Miami, FL 33176

9. Name and Address of New Registered Agent

Name Orlando Arrom  
Street Address (P.O. Box Number is Not Acceptable)  
10556 N.W. 26th Street  
Suite, Apt. #, Etc. 203  
City Miami

500002406416--8  
-01/21/98--01044--006  
\*\*\*\*61.25 \*\*\*\*61.25

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature]  
REGISTERED AGENT MUST SIGN

Date 12/30/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 190.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] Andres Cabo

12/30/97

(305) 444-0902

CREATED (6/95)