

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 00 JAN 10 PM 3:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N 93000005028

1. Corporation Name

Los Arboles Condominium Association, Inc.

Principal Place of Business

Mailing Address

1900 West 68th St. G-301
 Hialeah, FL 33014

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0487339

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED TS

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
PD	Carlos Casado	1900 W. 68th St. C-304	Hialeah, FL 33014
VP	Jose L. Rodriguez	1900 W. 68th St. G-406	Hialeah, FL 33014
D	Ifrain Padron	1900 W. 68th St. C-304	Hialeah, FL 33014
TD	Alex Gonzalez	1900 W. 68th St. H-404	Hialeah, FL 33014
SD	Humberto Siret	1900 W. 68th St. G-401	Hialeah, FL 33014

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8. Name and Address of Current Registered Agent

Robert H. Yaffe, P.A.
 767 Arthur Godfrey Road
 Miami Beach, FL 33140

9. Name and Address of New Registered Agent

Name **Orestes F. Fernandez**
 Street Address (P.O. Box Number is Not Acceptable) **1900 West St.**
 Suite, Apt. #, Etc. **G-301**
 City **Hialeah**
 State **FL** Zip Code **33014**

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

Orestes F. Fernandez

REGISTERED AGENT MUST SIGN

Date **January 5th, 2000**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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:

Carlos Casado

Carlos Casado PD

January 5th, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #