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FAX NO. 3059359042

P. 02

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

03/14/94
STATE OF FLORIDA

DOCUMENT # N94000001249

1. Corporation Name

Vista Filare, a Community Association, Inc.

Principal Place of Business
815 N. Red Road
Suite 400
Miami, FL 33126

Mailing Address

200002619302--7
-08/18/98--01065--007
*****358.75 *****358.75

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

2. New Principal Office Address, if Applicable 7200 N.W. 7th Street Suite, Apt. #, etc. Suite #300 City & State Miami, FL Zip 33126		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country U.S.		4. Date Incorporated or Qualified To Do Business in Florida 03/14/94	
				5. FEI Number 65-0471913	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 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 Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Robert Stigele	7200 N.W. 7th Street, #300	Miami, FL 33126
V	Lisa Ramos	7200 N.W. 7th Street, #300	Miami, FL 33126
S	Michael Rabin	7200 N.W. 7th Street, #300	Miami, FL 33126

200002619302--7
-08/18/98--01065--008
*****8.75-- *****8.75
96-98
SCC 8-18-98

REINSTATEMENT

8. Name and Address of Current Registered Agent Leslie Smith 815 N. Red Road Suite 400 Miami, FL 33126		9. Name and Address of New Registered Agent Name Robert Stigele Street Address (P.O. Box Number is Not Acceptable) 7200 N.W. 7th Street Suite, Apt. #, Etc. Suite #300 City Miami State FL Zip Code 33126	
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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]* Date: 8/10/98
REGISTERED AGENT MUST SIGN: *[Signature]*

11. This corporation owes or has paid 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL H. RABIN
Date: 8/10/98 305-262-6100
Daytime Phone #