

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



APPROVED
 09 APR 22 AM 9:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N4400000 K103

1. Corporation Name
 CHATEAUBLEAU VILLAS AT MIDWAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

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

REINSTATEMENT 08-99

2. New Principal Office Address, if Applicable
 Courtesy Prop. Mgmt.
 Suite, Apt. #, etc.
 13250 SW 135th Ave
 City & State
 Miami, FL
 Zip
 33186
 Country
 Dade

3. New Mailing Office Address, if Applicable
 Courtesy Prop. Mgmt.
 Suite, Apt. #, etc.
 13250 SW 135th Ave
 City & State
 Miami, FL
 Zip
 33186
 Country
 Dade

4. Date Incorporated or Qualified To Do Business in Florida
 3-21-1994

5. FEI Number
 65-0628236

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

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Mercedes Suarez	531NW 82 Ave #613	Miami, FL 33126
TD	Jose Romano	531NW 82 Ave #601	Miami, FL 33126
SD	Oscar Rodriguez	651NW 82 Ave #102	Miami, FL 33126

8. Name and Address of Current Registered Agent

Andrew Cuevas, Esq.
 9200 S. Dadeland Blvd. #603
 Miami, FL 33156

9. Name and Address of New Registered Agent

Name
 SKRLD, INC.
 Street Address (P.O. Box Number is Not Acceptable)
 201 Alhambra Circle, #1102
 Suite, Apt. #, Etc

City
 Coral Gables

State
 FL

Zip Code
 33134

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 B): LISA A. LERNER, SECRETARY *LAL* Date 4-16-99
 REGISTERED AGENT MUST SIGN

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

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 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 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 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

Date Daytime Phone #