

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 AUG -7 PM 2:48

DOCUMENT # N 94000601573

1. Corporation Name
 Villas of West Miami Condominium Association, Inc

Principal Place of Business
 6550-6690 SW 12 Street
 MIAMI, FLA. 33144

Mailing Address
 c/o Association Management Group
 20533 Biscayne Blvd.
 PMB 469
 AVENTURA, FL 33180

REINSTATEMENT 99-00

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0480244	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
D/P	EUNICE MORALES	6620 SW 12 STREET -#6	MIAMI, FL 33144
D/T	MINERVA HECHAVARRIA	6670 S.W. 12 Street -#2	MIAMI, FL 33144
D/S	MARIA JARAMILLO	6640 S.W. 12 Street -#6	MIAMI, FL 33144
D	JULIO CRUZ	6570 SW. 12 Street -#6	MIAMI, FL 33144
D	ROSA GONZALEZ	6640 S.W 12 Street -#2	MIAMI, FL 33144

000003377510--7

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MARSHALL KREMEN 500 West Cypress Creek Road Suite 230 Ft. Lauderdale, FLA 33309		Name ****131.75	
		Street Address (P.O. Box Number is Not Acceptable) 000003377510--7	
		Suite, Apt. #, Etc. -08/30/00--01045--013	
		City ****165.75	
		State FL	Zip Code

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: *Marshall Kremen* REGISTERED AGENT MUST SIGN Date: 7/19/00

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 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: *Eunice Morales* EUNICE MORALES, Pres 7/19/00 305-883-0403
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/99)