

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000002168**

1. Corporation Name

*GALLEWAY ESTATOS AT LEADALL
HO-MEOWNERS ASST. INC.*

2. Principal Office Address

14270 SW. 152 AVE

3. Mailing Office Address

14270 SW. 152 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

FLA

Zip

33196

Country

USA

Zip

33196

Country

USA

REINSTATEMENT 97-LI

4. Date Incorporated or Qualified To Do Business in Florida

5/5/95

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

Carlos G. Fernandez

Street Address (P.O. Box Number is Not Acceptable)

14270 SW. 152 AVE

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33196

600003114756-8

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****420.00 ****420.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date *1/11/00*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PD</i>	<i>Carlos G. Fernandez</i>	<i>14270 SW. 152 AVE</i>	<i>Miami FL 33196</i>
<i>VP/D</i>	<i>Luis Fernandez</i>	<i>8193 S.W. 91 AVE</i>	<i>Miami FL 33143</i>
<i>S/D</i>	<i>Carlos G. Fernandez Jr</i>	<i>7818 S.W. 8407</i>	<i>Miami FL 33143</i>

10. 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]
President

CARLOS G FERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/00

Daytime Phone #

(305) 252-1021

KE