

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED

97 DEC - 9 PM 2:25

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N95000002715**

1. Corporation Name  
**CONQUISTADOR VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**5800 WEST 18TH LANE 4180 WEST 16TH AVE.**  
**HIACLEAH FL 33012 6TE-502**  
**HIACLEAH FL 33010**



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	
		<b>2151 LE JEUNE RD</b>		<b>06/12/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
		<b>305</b>		<b>APPLIED FOR</b> <input checked="" type="checkbox"/> Applied For	
City & State		City & State		Not Applicable <input type="checkbox"/>	
		<b>CORAL GABLES, FL</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		
		<b>33134</b>			

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	<del>GARCIA, EDDY</del> Javier A Ramos	<del>6865 COLLING AVE 1007</del> 5810 W 18Ln Apt. 105	<del>MIAMI BEACH FL 33140</del> Hialeah FL 33012
SD	<del>PUGO, JUANE</del> Consuelo Cerra	<del>46 PHOENIX AVE 4000</del> 5800 W 18Ln Apt. 103	<del>MIAMI BEACH FL 33134</del> Hialeah, FL 33012
TD	<del>GARRIDO, MARTIN JR</del> Irma Marrero	<del>5451 E BAY HARBOR DR 14000</del> 5840 W 18 Ln Apt. 104	<del>BAY HARBOR FL 33154</del> Hialeah FL 33012
D	<del>MARRERO, NECTOR</del>	<del>6000 GAGE PLACE</del>	<del>MIAMI LAKES FL 33044</del>

**REINSTATEMENT** 97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>GARCIA, EDDY</b> <b>717 PONCE DE LEON BLVD.</b> <b>STATUTE 002</b> <b>CORAL GABLES FL FL 33134</b>		Name <b>Rafael Lopez</b> Street Address (P.O. Box Number is Not Acceptable) <b>2151 Le Jeune Rd</b> Suite, Apt. #, Etc. <b>305</b> City <b>Coral Gables</b> State <b>FL</b> Zip <b>33134</b>	

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: REGISTERED AGENT MUST SIGN Date: **11/15/97**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **12-3-97** (305) 710-8241 Daytime Phone #

CR2E040 (8/97)