

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATE  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005731

1. Corporation Name

PALM SPRINGS TOWNHOMES CONDO. ASSC. INC.

FILED  
05 JUL 11 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

655 W 60 St # 2

3. Mailing Office Address

4445 West 16 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

308

City & State

HIALEAH, FL. 33014

City & State

HIALEAH, FL. 33012

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number 65-0754066

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MOLINA, ARCELIO

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

655 West 68th St

Suite, Apt. #, Etc.

Apt. # 1

City

HIALEAH,

State  
FL

Zip Code

33014

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

REGISTERED AGENT MUST SIGN

Date

7/6/15

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MOLINA, ARCELIO	655 W 68 St Apt # 1	Hialeah, FL. 33014
VPD	STANCHIO, JORGE	655 W 68 St Apt. # 2	Hialeah, FL. 33014
STD	LOPEZ, RAFAEL	655 W 68 St # 11	Hialeah, FL. 33014

80005766078  
07/19/15  
MOLINA 003 \*\*\$1.25

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305)823-1201

Date

7/6/15

Daytime Phone #