


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT
AR



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 07 AUG 27 PM 3:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N9500005731
 1. Corporation Name
 PALM SPRINGS TWHNMHOMES CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address 655 W 60 St Suite, Apt. #, etc. # 1 City & State HIALEAH, FL Zip 33012		Country DADE		3. Mailing Office Address 4445 W 16 Ave Suite, Apt. #, etc. # 308 City & State HIALEAH, FL Zip 33012		Country DADE	
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4. Date incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0754068 Applied For Not Applicable

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

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name
 MOLINA, ARGELIO
 Street Address (P.O. Box Number is Not Acceptable)
 655 W 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 *[Signature]* Date 8/3/07
 REGISTERED AGENT MUST SIGN

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
PD	MOLINA, ARGELIO	655 W 68 St # 1	HIALEAH, FL. 33014
VD	STANCHIO, JORGE	655 W 68 St # 2	HIALEAH, FL. 33014
	<i>[Signature]</i>		

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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]* Date 8/3/07 305-823-1201
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #