

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

MAY 28 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000753

1. Corporation Name

VILLA ROYAL OF MIAMI CONDO ASS

2. Principal Office Address

6855 ABBOTT AV

3. Mailing Office Address

VILLA ROYAL CONDO.

State, Apt. #, etc.

OFFICE - PH

State, Apt. #, etc.

PO BOX 4505

City &amp; State

MIAMI BEACH FL

City &amp; State

MIAMI BEACH FL

Zip

33141

Country

DADE

Zip

33141

Country

DADE

4. Date incorporated or Qualified  
To Do Business in Florida

2/13/96

5. FEI Number

650645736

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$50.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

PAUL SANCHEZ

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

6855 ABBOTT AV

Suite, Apt. #, Etc.

401

City

MIAMI BEACH

State  
FLZip Code  
33141A70 Temp  
70.00 only AR

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.6503, F.S.

Signature of  
Registered Agent*R Sanchez*

REGISTERED AGENT SIGN

Date

5-21-02

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

| Title          | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director |                                                                |
|----------------|--------------------------------------|---------------------------------------------------|----------------------------------------------------------------|
| PRESID         | PAUL SANCHEZ                         | 6855 ABBOTT AV<br>APT # 401                       | 800005754358-1<br>-06/11/02-01105-003<br>*****70.00 *****70.00 |
| VICE<br>PRESID | JUAN LEON                            | 6855 ABBOTT AV<br>APT # 501                       | MI. BEACH FL-33141                                             |
| TREASURER      | LEONARDO LANTIGUA                    | 6855 ABBOTT AV<br>APT #                           | 800005754358-1<br>-06/11/02-01105-002<br>*****70.00 *****70.00 |
| SECRETARY      | AGUSTIN VILLANUEVA                   | 6855 ABBOTT AV<br>APT #                           | " " "                                                          |
| ADVISOR        | ALVARO BORREL                        | 6855 ABBOTT AV<br>APT # 301                       | " " "                                                          |
|                |                                      |                                                   | " " "                                                          |

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 filed 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)(b), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

PAUL SANCHEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02

Date

305 868 6322

Daytime Phone #



5/21/02

RE: MC P00000113486  
S.P. SWAMI INC

I talk to YOUR OFFICE  
Regarding ABOVE FORM WHICH  
I LOST IN MAIL. X EXPLAIN TO  
YOUR OFFICE X AM FILLING AGAIN  
WITH FEE OF \$ 150.00. - (Hopefully)  
LAST ONE IS NOT FOUND IF DOES  
PLEASE RETURN TO ME - THANKS

ATTN NEW FORM & OLD  
RECORD also

THANKING YOU.

PATEL - K.A.

5/20/02

(T/F 850.488 500.)  
10.35 AM 5/21/02. Called to your

OFFICE - TALK TO LADY -

(RE-SUBMITTED)