

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # N96000002129

1. Corporation Name
SHENANDOAH NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business Mailing Address
1823 S.W. 13TH STREET MIAMI FL 33135 **1823 S.W. 13TH STREET MIAMI FL 33135**

FILED
 99 MAY -4 PM 5:09
 TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable 1815 SW 16 ST. Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 1815 SW 16 ST. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 04/18/1996
City & State Miami FL	City & State Miami FL	5. FEI Number NOT APPLICABLE
Zip 33145 Country USA	Zip 33145 Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

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
D	AEDO, ROLANDO TRUJBA, CINDY	1285 S.W. 19TH TERRACE 2321 SW 21 ST	MIAMI FL 33145
D	BROCKETT, PAUL CACERES, STEVE	1737 S.W. 12TH STREET 1901 SW 19 ST	MIAMI FL 33135
D	QUZMAN, IVAN P BERGER, LORRAINE	1020 S.W. 15TH AVENUE 2454 SW 13 ST	MIAMI FL 33145
D	MARTOS, LUIS A RAFFEL, JOHN	2100 S.W. 10TH STREET 2150 SW 21 ST	MIAMI FL 33145
D	PONS, MARIO DELETE	2474 S.W. 15TH STREET	MIAMI FL 33145
DP	WESTBROOK, JOHN E COTARELO-ECHAGARRA, JACQUELINE	1815 SW 16 ST 1823 SW 13 STREET	MIAMI FL 33145

8. Name and Address of Current Registered Agent WESTBROOK, JOHN E 1823 S.W. 13TH STREET MIAMI FL 33135	9. Name and Address of New Registered Agent Name Jacqueline Cotarelo-Echagarrua Street Address (P.O. Box Number is Not Acceptable) 1815 SW 16 ST. Suite, Apt. #, Etc. 1 City Miami
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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: **Jacqueline Cotarelo-Echagarrua** Date: **4/30/99**
REGISTERED AGENT MUST SIGN

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: **Jacqueline Cotarelo-Echagarrua** Date: **4/30/99** Telephone: **(305) 285-1243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/96)