

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003911

1. Corporation Name

VISTA ALEGRE TOWNHOMES VILLAS PROPERTY
OWNERS ASSOCIATION, INC.

2. Principal Office Address

c/o 11936 SW 8 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33184

Country

USA

3. Mailing Office Address

c/o 11936 SW 8 Street

Suite, Apt. #, etc.

City & State

Miami, FL 331

Zip

33184

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-26-96

5. FEI Number

650718062

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

SKRLD, INC.

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

201 Alhambra Circle

Suite, Apt. #, Etc.

Suite 1102

City

Coral Gables

State

FL

Zip Code

33134

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

SKRLD, INC. BY LISA LERNER *Lisa Lerner* SECRETARY

REGISTERED AGENT MUST SIGN

Date

7-31-01

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	Louis E. Negron	13310 SW 152 Street, # 3102	Miami, FL 33177
VPSD	Migdalia Neste	13371 SW 153 Street, # 1103	Miami, FL 33177
TD	Luisa Cuervo	15250 SW 134 Place, # 109	Miami, FL 33177
		236-25-Adm	
		61-25-AR	

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

Date

Daytime Phone #

7-18-01

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