

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -9 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N96000003912

1. Corporation Name

VISTA ALEGRE TOWNHOMES VILLAS  
STAGE I CONDOMINIUM ASSOCIATION, Inc.

2. Principal Office Address

13250 SW 135th Avenue

Suite, Apt. #, etc.

City & State

Miami, Fl

Zip 33186

Country USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida -07.26.96

5. FEI Number

65-0718057

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

ATELENT 02-03

7. Name and Address of Current Registered Agent

Name

SKRLD, INC.

300018673623  
05/09/03--01057--004 \*\*236.23

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, SEC.

Date 4/23/03

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
Pres.	Luisa Cuervo	15250 SW 134 Pl. 109	Miami Fl. 33177
TD	Noris Perez	15250 SW 134 Pl. 102	Miami Fl. 33177
SD	Enrique Sanchez	15250 SW 134 Pl. 202	Miami Fl. 33177

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 19.07(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:

*Luisa Cuervo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)