PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 FEB -5 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004356

1. Corporation Name
LAS VILLAS CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address	**3.** Mailing Office Address
1852 S.W. 7th St.	1852 S.W. 7th st.
Suite, Apt. #, etc. 307	Suite, Apt. #, etc. 307
City & State Miami, FL	City & State Miami, FL
Zip 33135 Country USA	Zip 33135 Country USA

REINSTATEMENT 99-02

4. Date Incorporated or Qualified To Do Business in Florida: August 21, 1996

5. FEI Number: [X] Applied For [ ] Not Applicable

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

7. Name and Address of Current Registered Agent

Name: DIONES LOPEZ

200004927772--4
-02/15/02--01001--023
****428.75 ****428.75
LS

Street Address (P.O. Box Number is Not Acceptable): 1852 S.W. 7th st.

Suite, Apt. #, Etc.: 112

City: MIAMI State: FL Zip Code: 33135

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: 01-30-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P/D	JOSE W. ARIAS	1852 S.W. 7th st #204	MIAMI, FL 33135
V/D	MERCEDES LUGO	1852 S.W. 7th st. #103	MIAMI, FL 33135
T/D	ABELARDO ACOSTA	1852 S.W. 7th St. #206	MIAMI, FL 33135
S/D	DIONES LOPEZ	1852 SW 7th st. #112	MIAMI, FL 33135

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: JOSE W. ARIAS [signature] 01/30/02 (305) 631-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #