

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAY -5 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

**CORPORATION
REINSTATEMENT**

DOCUMENT # NA6000005745

1. Corporation Name

Poinciana West I Condominium Association, Inc.

2. Principal Office Address 2925 W. 80 St. Suite, Apt. #, etc.		3. Mailing Office Address 900 W. 49 St. Suite, Apt. #, etc. Ste. 220	
City & State Hialeah, Fl.		City & State Hialeah, Fl.	
Zip 33018	Country Miami-Dade	Zip 33012	Country Miami-Dade

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida 1994	
5. FEI Number 65-0719958	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Clemente J. Delatorre			
Street Address (P.O. Box Number is Not Acceptable) 900 W. 49 St.			
Suite, Apt. #, Etc. Ste. 220			
City Hialeah	State FL	Zip Code 33012	200003277732-6 -06/06/00--01037--002 ****297.50 ****297.50

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 3/15/00

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
PD	Humberto Ramirez	2925 W. 80 St. Unit 216	Hialeah 33018
VD	Hector Rubio	2925 W. 80 St. Unit 101	Hialeah 33018
TD	Brenda Bello	2925 W. 80 St. Unit 121	Hialeah 33018
SD	Juan C. Zayas	2925 W. 80 St. Unit 111	Hialeah 33018
DD	Pedro Hernandez	2925 W. 80 St. Unit 217	Hialeah 33018
DD	Oswaldo Rodriguez	2925 W. 80 St. Unit 117	Hialeah 33018

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: X Humberto Ramirez (305) 821-7668
Date 3/15/00 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)