

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY -4 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000402

1. Corporation Name

PASEO REAL CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #  
6255 KENDALE LAKES CIRCLE

3. Mailing Office Address  
6255 KENDALE LAKES CIRCLE

Suite, Apt. #, etc.  
APARTMENT B-116

Suite, Apt. #, etc.  
APARTMENT B-116

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33183

Country  
USA

Zip  
33183

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 01/27/1997

5. FEI Number  
650072891

Applied For  
Not Applicable

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

REINSTATEMENT 2007

7. Name and Address of Current Registered Agent

Name  
FRANCISCO JOSE AGUERO, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
2655 LE JEUNE ROAD

Suite, Apt. #, Etc.  
PHID

City  
CORAL GABLES

State Zip Code  
FL 33134

The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date 04/17/2007

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
DP	NYDIA MORMENEO	6255 KENDALE LAKES CIRCLE	MIAMI FL 33183
DT	DAVID SUAREZ	6255 KENDALE LAKES CIRCLE	MIAMI FL 33183
DS	CINDY VILLAVERDE	6255 KENDALE LAKES CIRCLE	MIAMI FL 33183

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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 contained in Chapter 119, 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:

NYDIA MORMENEO, DIRECTOR/PRESIDENT 04/17/2007

(305) 479-4935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #