


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

(1) 82

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		07 APR -5 PM 2:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N97000003125					
1. Corporation Name 3119-3121 Jackson Avenue Condominium Association, Inc.					
2. Principal Office Address - No P.O. Box # 3120 Jackson Avenue Suite, Apt. #, etc.		3. Mailing Office Address 3121 Jackson Avenue Suite, Apt. #, etc.			
City & State Miami, Florida		City & State Miami, Florida			
Zip 33133	Country USA	Zip 33133	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 5/30/97	
5. FEI Number				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name David H. Wesley					
Street Address (P.O. Box Number is Not Acceptable) 3121 Jackson Avenue					
Suite, Apt. #, Etc.					
City Miami		State FL	Zip Code 33133		
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 <i>David H. Wesley</i>				Date 4-2-2007	
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	
P,D	David H. Wesley	3121 Jackson Avenue		Miami, Fl. 33133	
S,D	Nancy H. Wesley	3121 Jackson Avenue		Miami, Fl. 33133	
T,D	Rafael Fernandes	3119 Jackson Avenue		Miami, Fl. 33133	
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: <i>David H. Wesley</i>		DAVID H. WESLEY		4-2-2007 713-507-1201	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

OK Per Sean



CORPORATION SERVICE COMPANY

292

ACCOUNT NO. : 072100000032

REFERENCE : 837648 9376A

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 8.75

ORDER DATE : April 5, 2007

ORDER TIME : 10:22 AM

ORDER NO. : 837648-005

CUSTOMER NO: 9376A

DOMESTIC FILINGS

NAME: 3119-3121 JACKSON AVENUE
CONDOMINIUM ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS _____

RECEIVED
07 APR -5 PM 12:53
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA