

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAR -8 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 197000005801

**1. Corporation Name**

EAST VISTA CONDOMINIUM  
ASSOCIATION, INC.,  
C/O ACTION GENERAL SERVICES, CORP.

**2. Principal Office Address**

4445 W 16 AVE

Suite, Apt. #, etc.

#308

City & State

Hialeah, FL

Zip

33012

Country

U.S.A.

**3. Mailing Office Address**

4445 W 16 AVE

Suite, Apt. #, etc.

#308

City & State

Hialeah, FL

Zip

33012

Country

U.S.A.

**REINSTATEMENT 98-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

650713779

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Richard Estrada

Street Address (P.O. Box Number is Not Acceptable)

650 S.E. 9th Ct #102

Suite, Apt. #, Etc.

#102

City

Hialeah

State  
**FL**

Zip Code

33010

**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]

REGISTERED AGENT MUST SIGN

Date 9-14-00

**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.	Raul Carballo	650 S.E. 9th Ct #205	Hialeah, FL 33010
V. Pres	Richard Estrada	650 S.E. 9th Ct #102	Hialeah, FL 33010
Secretary	Karen Oliva	650 S.E. 9th Ct #102	Hialeah, FL 33010
Treas	Raul Lopez	600 S.E. 9th Ct #203	Hialeah, FL 33010

**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:

Karen Oliva  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-00 305-888-4911

Date

Daytime Phone #

CR2E081 (9/99)