

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAY 25 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # N97000006085

1. Corporation Name

VILLA LUISA CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

6175 W. 20th Ave.

3. Mailing Office Address

1957 West 60th St.

Suite, Apt. #, etc.

114

Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Hialeah, Florida

Zip

33012

Country

USA

Zip

33012

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

10/28/1997

5. FEI Number

65-0819867

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

Teresa L. Hlauger

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

1957 West 60th Street

Suite, Apt. #, Etc.

Hialeah, Florida 33012

City

State

FL

Zip Code

33012

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

Teresa Hlauger

REGISTERED AGENT MUST SIGN

Date 2-13-01

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
PD	Mariana Herrera	6175 W. 20th Ave # 114	Hialeah, FL. 33012
PD	Jose Picos	6175 W. 20th Ave # 309	Hialeah, FL. 33012
SD	Margarita Quintana	6175 W. 20th Ave # 111	Hialeah, FL. 33012

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:

Mariana Herrera MARIANA HERRERA (Resident) 02/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 826-6606

Daytime Phone #

CR2001 (9/99)