

FLORIDA DEPARTMENT OF STATE
APPLICATION FOR REINSTATEMENT
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000001188

1. Corporation Name

FERNWOOD WEST CONDOMINIUM ASSOCIATION, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 DEC 10 PM 1:06

REINSTATEMENT 00-04

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
				2/27/1998	1999
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21 25 SE 2nd Avenue	26 25 SE 2nd Ave.	65-0800756	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
22 Suite 1235	27 Suite 1235				
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
23 Miami FL	28 Miami FL				
Zip	County	Zip	County	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33131	25 Miami-Dade	29 33131	30 Miami-Dade		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Santos & Company 25 SE 2nd Ave. # 1235 Miami, FL 33131		81 Name Lizabeth F. Calvo, P.A.	
		82 Street Address (P.O. Box Number is Not Acceptable) 328 Crandon Boulevard	
		83 Suite 226	
		84 City Key Biscayne	
		FL	85 Zip Code 33149

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Rebecca Anderson Lizabeth F. Calvo by R.L. Anderson as attorney-in-fact 12-804
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D. P. S. T. V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS CITO	1.2 NAME	
STREET ADDRESS	25 SE 2nd Avenue	1.3 STREET ADDRESS	500043618665
CITY-ST-ZIP	Miami, FL 33131	1.4 CITY-ST-ZIP	12/27/04--01017--003 **52.50
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORIA GOMES PESTANA	2.2 NAME	
STREET ADDRESS	25 SE 2nd Avenue	2.3 STREET ADDRESS	500043618665
CITY-ST-ZIP	Miami, FL 33131	2.4 CITY-ST-ZIP	12/27/04--01017--004 **253.75
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURO C SANTOS	3.2 NAME	
STREET ADDRESS	25 SE 2nd Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE Rebecca Anderson Carlos Cito by R.L. Anderson as attorney-in-fact 12-804 (561) 694-8107
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: FERNWOOD WEST CONDOMINIUM ASSOCIATION, INC.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 253.75 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2000-2004

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: Rebecca L. Anderson
by R.L. Anderson as attorney-in-fact

Name: Carlos Cito
Title: Director

Date: December 8, 04