

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

03 AUG 11 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N 9800001799**

1. Corporation Name  
**VISTA AL LAGO CONDOMINIUM ASSOCIATION, INC.**

2. Principal Office Address  
**3100 N.W. 72nd AVENUE**  
Suite, Apt. #, etc.  
**125**

3. Mailing Office Address  
**P.O. BOX 521458**  
Suite, Apt. #, etc.

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

Zip Country  
**33122 U.S.**

Zip Country  
**33152 U.S.A**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
**65-0915752**

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

**REINSTATEMENT 99-03**  
4/21/99 90176 028 6125

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

Name	<b>RICARDO RUSSI</b>	500022208905
Street Address (P.O. Box Number is Not Acceptable)	<b>3100 N.W. 72nd AVENUE</b>	08/11/03--01034--010 **\$97.50
Suite, Apt. #, Etc.	<b>125</b>	08/11/03--01034--011 **\$1.25
City	<b>MIAMI</b>	08/11/03 01034 012 **\$1.25
		State Zip Code <b>FL 33122</b>

**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]* Date 6/28/03  
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
PD	JOSE VILCHEZ	4689 N.W. 9 ST # B-210	MIAMI FLORIDA 33126
TD	MARTA CABRERA	4677 N.W. 9 ST # D-211	MIAMI-FLORIDA 33126
SD	JULIO LORENZO	4691 N.W. 9 ST # A-201	MIAMI FLORIDA 33126

**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: *[Signature]* Date 6/28/03 Daytime Phone # 305 448 416-1811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

*[Handwritten initials]*