

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 AUG -8 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002671

1. Corporation Name

VISTA ALEGRE TOWNHOMES VILLAS STAGE IV
CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

c/o 3611936 SW 8 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33184

Country

USA

3. Mailing Office Address

c/o 11936 SW 8 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33184

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5-11-98

5. FEI Number

NONE

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

SKRLD, INC.

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

201 Alhambra Circle

Suite, Apt. #, Etc.

Suite 1102

City

Coral Gables

State

FL

Zip Code

33134

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

SKRLD, INC. BY LISA LERNER

SECRETARY

Date

8-2-01

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	MIGDALIA NESTE	13371 SW 153 STREET UNIT 1103	MIAMI, FL 33186
SD	DANIA LEAL	13371 SW 153 STREET UNIT 1104	MIAMI, FL 33177
TD	FREDDY SIERRA	13448 SW 154 STREET UNIT 2407	MIAMI, FL 33177
D	EUCANIS E. BETANCOURT	13371 SW 153 STREET UNIT 1101	MIAMI, FL 33186
D	ANTONIO RODRIGUEZ	13441 SW 152 TERRACE UNIT 1402	MIAMI, FL 33186

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:

Migdalena NESTE MIGDALIA NESTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/29/01

Daytime Phone #

CR2E01 (8/98)