

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -6 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003205

1. Corporation Name

WESTVIEW VILLAS-II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7020 WEST 35 AVENUE
123
HIALEAH FL 33018

7020 WEST 35 AVENUE
123
HIALEAH FL 33018

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



300026161313
01/06/04--01057--014 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1998

5. FEI Number

65-0846030

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HERNANDEZ, JORGE L	7020 WEST 35 AVENUE #123	HIALEAH FL 33018
D	COREA, ADRIAN	7020 WEST 35 AVENUE #104	HIALEAH FL 33018
D	VALDEZ, GUSTAVO	7020 WEST 35 AVENUE #106	HIALEAH FL 33018
D	DIAZ, BARBARA	7020 WEST 35 AVENUE #116	HIALEAH FL 33018

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ, JORGE L
7020 WEST 35 AVENUE
123
HIALEAH FL 33018

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/19/03

11. 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 REQUIRED
Jorge L Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/03 (305) 362-7807
Date Daytime Phone #

CR2E040 (7/03)