H02000187071 4 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

00-02

DOCUMENT # N98000004126

1. Corporation Name
UNIVERSITY VILLAS CONDOMINIUM ASSOCIATION INC

2. Principal Office Address	3. Mailing Office Address
11405 SW 7TH TERRACE	11404 SW 7TH TERRRACE
Suite, Apt. #, etc. D1	Suite, Apt. #, etc. D1
City & State MIAMI FL 33174	City & State MIAMI FL 33174
Zip 33174 / County MIAMI-DADE	Zip 33174 / Country MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida: 7/16/1998

5. FEI Number: 65-0905882 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7. Name and Address of Current Registered Agent

Name: RAUL R ORTEGA

Street Address (P.O. Box Number is Not Acceptable): 11405 SW 7TH TERRACE

Suite, Apt. #, Etc.: D1

City: MIAMI — State: FL — Zip Code: 33174

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

Signature of Registered Agent: Raul R. Ortega — Date: 8/22/2002
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
D/P	RAUL R ORTEGA	11405 SW 7 TERR # D1	MIAMI FL 33174
D/T	HAYDEE RODRIGUEZ	710 SW 114 AVE # B4	MIAMI FL 33174
D/S	OFELIA GARCIA	710 SW 114 AVE # A1	MIAMI FL 33174

10. I certify that I am an officer or director of 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: Raul R. Ortega — 8/22/2002 — (305) 227-7472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

UNIVERSITY VILLAS CONDOMINIUM ASSOCIATION, INC.

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