


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 NOV 10 PM 1:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>N99-144</u>					
1. Corporation Name <u>Villa Doral Condominium No. 1 Association, Inc</u>					
2. Principal Office Address - No P.O. Box # <u>2200NW 102AV</u> Suite, Apt. #, etc. <u>5</u>		3. Mailing Office Address <u>2200NW 102AV</u> Suite, Apt. #, etc. <u>5</u>		REINSTATEMENT <u>01-08</u> <u>500137080245</u> <u>10/20/08-01048-015</u> **428.78 CR2E081 (12/07)	
City & State <u>Doral, FL</u>		City & State <u>Doral, FL</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>01/08/1999</u>	
Zip <u>33172</u> Country <u>USA</u>		Zip <u>33172</u> Country <u>USA</u>		5. FEI Number <u>65-0903710</u>	
7. Name and Address of Current Registered Agent Name <u>Paul Aguilera</u> Street Address (P.O. Box Number is Not Acceptable) <u>2200 NW 102 AV 1</u> Suite, Apt. #, Etc. <u>5</u> City <u>Doral</u> State <u>FL</u> Zip Code <u>33172</u>				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. <u>500137080245</u> <u>11/19/08-01021-003</u> **61.25	
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 <u>[Signature]</u> Date <u>10/6/08</u> 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	Silvia Bluzmanis	2200NW 102AV #5	Doral, FL 33172		
D	Edith Lostaunau	2200NW 102AV #5	Doral FL 33172		
D	Albeeto Montoya	2200NW 102AV #5	Doral FL 33172		
D	Mario Gil	2200NW 102AV #5	Doral FL 33172		
D	Haylie Matos-Sanchez	2200NW 102AV #5	Doral FL 33172		
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 contained in Chapter 119, 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>Silvia Bluzmanis</u>		Date <u>10/6/2008</u> (305) <u>444-6757</u> Daytime Phone #	

211/12