

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000001088

1. Entity Name
PALM CREST VILLAS CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
PALMCREST VILLAS CONDO ASSOC. INC
9001 SW 94 STREET
MIAMI, FL 33176

Mailing Address
PALMCREST VILLAS CONDO ASSOC. INC.
9001 SW 94TH STREET
MIAMI, FL 33176

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

10202008 REIN-NP CR2E099 (1/07)

4. FEI Number
65-0901912

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BETANCOURT, INGRID PRESIDE
9401 SW 94 STREET
110
MIAMI, FL 33176

Name *ECUAVAS & OFIZ P.A.*

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

536 BETHMOOR WAY

City *Conrad Shores*

FL Zip Code
73134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

10/28/08

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Ingrid Belandia</i>
NAME	BETANCOURT, INGRID		
STREET ADDRESS	9001 S.W. 94 ST. #110		
CITY-ST-ZIP	MIAMI, FL 33176		
TITLE	VP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>200137486272</i>
NAME	BETANCOURT, GUSTAVO		10/30/08-01037--002 **\$1.25
STREET ADDRESS	9001 SW 94 STREET # 208		
CITY-ST-ZIP	MIAMI, FL 33176		
TITLE	S/T	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYAN, ROBERTO		
STREET ADDRESS	9001 SW 94TH ST #111		
CITY-ST-ZIP	MIAMI, FL 33176		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-08

Date

305-215-0868

Daytime Phone #