

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 10 AM 8:39

DOCUMENT # **N99-1232**

1. Corporation Name

**Villa Doral Condominium No 2
Association, Inc.**

2. Principal Office Address - No P.O. Box #

2200NW 102 AV

Suite, Apt. #, etc.

5

City & State

Doral, FL

Zip

33172

Country

USA

3. Mailing Office Address

2200NW 102 AV

Suite, Apt. #, etc.

5

City & State

Doral, FL

Zip

33172

Country

USA

900137080049
10/20/08--01048--013 **428.75

REINSTATEMENT

01-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/26/1999

5. FEI Number

65-0914977

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

Paul Aguilera

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

2200 NW 102 AV

Suite, Apt. #, Etc.

5

City

Doral

State

FL

Zip Code

33172

☒ 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.

900137080049

11/18/08--01009--002 **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

REGISTERED AGENT MUST SIGN

Date **10/6/08**

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	2200NW102AV #5	Doral, FL 33172
D	Edith Lostaunau	2200NW 102AV #5	Doral, FL 33172
D	Alberto Montoya	2200NW 102 AV #5	Doral, FL 33172
D	Mario Gil	2200NW 102 AV #5	Doral FL 33172
D	Haytir Matos-Sanchez	2200NW 102 AV #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

Silvia Bluzmanis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/08 (305) 444-6757
Date Daytime Phone #