

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004 AR
CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000002527

1. Corporation Name
NEW WORLD 42-TOWN HOMES
OWNERS ASSOCIATION, INC.

2. Principal Office Address
C/O ASTOR MANAGEMENT
2100 WEST 76TH STREET
Suite, Apt. #, etc.
409

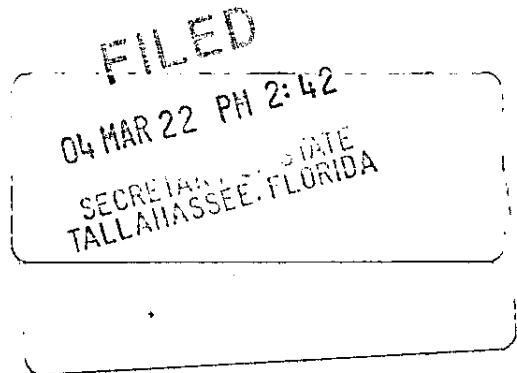
3. Mailing Office Address
C/O ASTOR MANAGEMENT
2100 WEST 76TH STREET
Suite, Apt. #, etc.
409

City & State
HIALEAH, FL.

City & State
HIALEAH, FL.

Zip Country
33016 US

Zip Country
33016 US



300031860193
04/06/04--01022--013 **\$1.25

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
74-2913629

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
EDGAR OVALLES

Street Address (P.O. Box Number is Not Acceptable)
910 ASTOR MANAGEMENT SVCS, INC. - 2100 WEST 76TH STREET

Suite, Apt. #, Etc.
409

City
HIALEAH

State
FL

Zip Code
33016

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
E. Ovalles

Date
3-3-04

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	KENTON O'CONNOR	518 NW - 179TH STREET	MIAMI, FL. 33169
D	NORMA DESMARAT-ROC	602 NW - 179TH STREET	MIAMI, FL. 33169
D	JOI LADSON	610 NW - 179TH STREET	MIAMI, FL. 33169
D	SYDNEY COHEN	18425 NW - 2ND AVENUE	MIAMI, FL. 33169

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 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: KENTON O'CONNOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
3-3-04

Daytime Phone #
305-4934700

CRCE081 (10/02)