

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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FILED

06 DEC 11 11:12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000135410

1. Corporation Name

THE RESIDENCES 203-8/204-8 0704 CORP.

2. Principal Office Address

2600 Douglas Rd.

Suite, Apt. #, etc.

Suite 1100

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

2600 Douglas Rd.

Suite, Apt. #, etc.

Suite 1100

City & State

Coral Gables, FL

Zip

33134

Country

USA

REINSTATEMENT

05-00

4. Date Incorporated or Qualified To Do Business in Florida

09/28/2004

5. FEI Number

20-1674135

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

JORGE GURIAN

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

2600 Douglas Rd.

Suite, Apt. #, Etc.

Suite 1100

City

CORAL GABLES

State

FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/07/06

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
P/S	DOMENICA AZZOLLINI	2600 Douglas Rd. Suite 1100	Coral Gables, FL 33134

500092453475
12/11/06--01075--005 **300.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/06
Date

305-277-43
Daytime Phone #

K. Eckel DEC 11 2006

Jorge L. Gurian, P.A.

2/2

December 7, 2006

Division of Corporations
State of Florida
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: THE RESIDENCES 203-8/204-8 0704 CORPORATION (P04000135410)

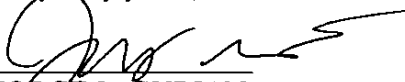
To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for The Residences 203-8/204-8 0704 Corporation The annual Uniform Business Report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2005 or 2006. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2005 & 2006.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,


JORGE L. GURIAN


WILMER HERNANDEZ

Enclosure