

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 10 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012131

1. Corporation Name

Related Walden Pond, Inc.

2. Principal Office Address

2828 Coral Way,

3. Mailing Office Address

Same

Suite, Apt. #, etc.

PH

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Zip

33145

Country

USA

Zip

Country

REINSTATEMENT

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

12/16/1992

SF

5. FEI Number

65-0387347

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

Angel A. Hernandez

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

2828 Coral Way

Suite, Apt. #, Etc.

PH

City

Miami, FL

State

FL

Zip Code

33145

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

Angel A. Hernandez

Date 6/30/2000

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
PS	Jorge M. Perez	2828 Coral Way,	Miami, Fl 33145
VP	Roberto Rocha	2828 Coral Way	Miami, Fl 33145
VPAS	Angel Hernandez	2828 Coral Way	Miami, Fl 33145

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:

Angel A. Hernandez
ANGEL HERNANDEZ
VICE-PRESIDENT

6/30/2000
Date

(305) 460-9900
Daytime Phone #.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)