

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 29 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029974

1. Corporation Name

New Tradewinds Trailer Park Co

2. Principal Office Address

1919-21 N.W. 79 St

Suite, Apt. #, etc.

OFFICE

City & State

MIAMI, FL

Zip

33147

Country

DADE

3. Mailing Office Address

4309 S.W. 75 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33155

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1994

5. FEI Number

65-0519320

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

M. ALVAREZ

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

4309 S.W. 75 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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

Date

3/24/04

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
P.S.D.	GERMAN ALVAREZ	3730 S.W. 104 CT	MIAMI, FL 33165
V.P.D.	MIGDALIA ALVAREZ	4309 S.W. 75 AVE	MIAMI, FL 33155

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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:

GERMAN ALVAREZ 3-24-04

Date

Daytime Phone #

(305)
262-5755

CR2E081 (01/04)