

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



800025190908

12/03/03--01034--024 **750.00

DOCUMENT # P94000052147

1. Corporation Name

VISTA ALEGRE RENTAL APARTMENTS, INC.

Principal Place of Business

Mailing Address

15569 N.W. 83 COURT
MIAMI FL 33186
US

15569 N.W. 83 CT.
MIAMI FL 33186
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/14/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0514146

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ESTEVANELL, ALEJO	15569 N.W. 83 CT.	MIAMI LAKES FL 33016
VD	MENDEZ, YOLANDA C	15569 NW 83RD CT	HIALEAH FL 33016

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESTEVANELL, ALEJO
15569 N.W. 83 CT.
MIAMI FL 33186

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date _____

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-03-305-819-1761

Date

Daytime Phone #

CR2E040 (7/03)