1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 21 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000024091

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05/23/03--01043--001 **277.50

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1. Corporation Name

LA HACIENDA IN THE GABLES CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address	**3.** Mailing Office Address
1400 Salzedo Street	1400 Salzedo Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 / Country: USA	Zip: 33134 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: March 13, 1998

5. FEI Number: [X] 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: Gary M. Mars, Esq.

Street Address (P.O. Box Number is Not Acceptable): 150 West Flagler Street, 27th Floor

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City: Miami | State: FL | Zip Code: 33130

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 5/8/03
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	Blanca N. Rodriguez	1400 Salzedo Street	Coral Gables, FL 33134
S	Georgina S. Prats	1400 Salzedo Street	Coral Gables, FL 33134
VP	Lisa Bared	1400 Salzedo Street	Coral Gables, FL 33134
T	Arturo Munoz-Estay	1400 Salzedo Street	Coral Gables, FL 33134
D	Monica Pekar Benitez	1400 Salzedo Street	Coral Gables, FL 33134
	SEE ATTACHED		

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: _____ BLANCA N. RODRIGUEZ — MAY 8, 2003 — (305) 476-1920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (10/02)

ATTACHMENT TO CORPORATION REINSTATEMENT

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	Alvaro de Prat	1400 Salzedo Street	Coral Gables, FL 33134
D	Ralph Rosas	1400 Salzedo Street	Coral Gables, FL 33134