

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

06 DEC 22 PH 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000063290

1. Corporation Name

VISTA LAKE APARTMENTS, INC.

REINSTATEMENT 03-06

2. Principal Office Address  
4854 NW 7 Street

3. Mailing Office Address  
2130 SW 13 Avenue

Suite, Apt. #, etc.  
N/A

Suite, Apt. #, etc.  
N/A

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33126

Country  
USA

Zip  
33145

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 07/15/1998

5. FEI Number 650851706

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  
Joseph J. Portuondo

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

Suite, Apt. #, Etc.

City  
Coral Gables

State  
FL

Zip Code  
33146

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 12/19/2006

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/D	Jorge B. Muniz	2130 SW 13 Avenue	Miami, FL 33145
VP/D	Nancy Muniz	2130 SW 13 Avenue	Miami, FL 33145

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/20/06 (305) 857-9500