

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR -4 AM 10:10

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 721013

1. Corporation Name

LAKE HILDA ASSOCIATION

2. Principal Office Address - No P.O. Box #

6990 SILVER OAK DRIVE

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

Zip

33014

Country

MIAMI-DADE

3. Mailing Office Address

6990 SILVER OAK DRIVE

Suite, Apt. #, etc.

PO BOX 5115

City & State

MIAMI LAKES, FL

Zip

33014

Country

MIAMI-DADE

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5/24/71

5. FEI Number

237117328

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

Robert Ruiz

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

6990 SILVER OAK DRIVE

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33014

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Robert J. Ruiz*

Date

02-16-2008

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
PD	Robert Ruiz	6990 SILVER OAK DRIVE	MIAMI LAKES, FL 33014
VD	JAMES BAKER	6910 SEA GRAPE TERR	MIAMI LAKES, FL 33014

**REINSTATEMENT** 04-08  
B 3/10/08  
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02/26/08--01029--018 \*\*306.28

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:

*Robert J. Ruiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-216-3805

Daytime Phone #