

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2018 APR 10 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000311834940
04/10/18--01021--001 **236.25

CR2E081 (11/10)

DOCUMENT # 732637

1. Corporation Name

LAGUNA CLUB CONDOMINIUM, INC

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

12350 SW 132 CT

3. Mailing Office Address

12350 SW 132 CT

Suite, Apt. #, etc

114

Suite, Apt. #, etc.

114

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33188

Country

Zip

33186

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1688761

Applic 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

FRANK PEREZ-SIMON, P.A.

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

7001 SW 27 CT.

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33173

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/26/18

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	RAQUEL BAENA	12350 SW 132 CT #114	MIAMI FL 33186
VPD	ANA ALONSO	12350 SW 132 CT #114	MIAMI FL 33186
STD	MILDRED STILL	12350 SW 132 CT #114	MIAMI FL 33186

10. E-mail Address: anvero@alliedpropertygroup.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information supplied in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/18

Date

305 232 1578

Daytime Phone #