

READ INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 735305
 Corporation Name
KAWAMA HOMEOWNERS ASSOCIATION, INC.

FILED
 99 APR 29 AM 8:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Making Address
1500 OCEAN BAY DRIVE **P.O. BOX 2451**
Key Largo, FL 33037 **Key Largo, FL**
33037

400002859264--6
-05/03/99--01003--001
1527-96 *1522 50**

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

2 New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable

Bldg. Apt. P.O. Bldg. Apt. P.O.
 City & State City & State
 Zip Country Zip Country

4 Date incorporated or Qualified To Do Business in Florida

5 FE Number Applied For
59-2535019 Not Applicable

6 CERTIFICATE OF STATUS DESIRED

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director (Do NOT use Post Office Box Numbers)	City / State / Zip
P	Serralta, Denset	1500 Ocean Bay Drive, #N4	Key Largo, FL 33037
VP	Ramirez, Luis	1500 Ocean Bay Drive, #S3	Key Largo, FL 33037
T	Wartman, Norman	1500 Ocean Bay Drive, #R3	Key Largo, FL 33037
S	Olivera, Henry	1500 Ocean Bay Drive, #S8	Key Largo, FL 33037
D	Hoake, Dan	1540 Ocean Bay Drive, #V2	Key Largo, FL 33037
D	Mullen, Bill	1540 Ocean Bay Drive, #V1	Key Largo, FL 33037
D	Thomas, Chip	1500 Ocean Bay Drive, #M3	Key Largo, FL 33037

8 Name and Address of Current Registered Agent
N/A

9 Name and Address of New Registered Agent
 Name **Becker & Pollakoff, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
5201 Blue Lagoon Dr.
 Suite Apt. P.O.
Suite 100
 City **Miami** State **FL** Zip Code **33126**

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent **Denset J. Serralta for Becker & Pollakoff, P.A.** Date **4/27/99**
 REGISTERED AGENT MUST SIGN

11 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12 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(2)(f), 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: **Denset J. Serralta** **DENSJET S. SERRALTA** **4/23/99** **(305) 264-0879**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #