

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**'APPLICATION FOR REINSTATEMENT**



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

APPROVED  
 AND  
 FILED

97 MAY -9 PM 3:56

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **741733**  
 1. Corporation Name  
**EVERGREEN HOMES VILLAGE HOA, INC.**

Principal Place of Business Mailing Address  
**P O BOX 661554**  
**MIAMI SPRINGS FL 33266**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		69-2350354	
Zip	Country	Zip	Country	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	RAFAGL CARDOSO	14021 SW 56 TORR. MIAMI, FL. 33183	
V/D	DONALD ABBOTT	14046 SW 56 LANE	MIAMI FLORIDA 33183
D/S/T	ESTHER D ANEIRO	13956 SW 56 LANE	MIAMI FLORIDA 33183

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**REINSTATEMENT 93-97**

*U. Wan*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <b>SKRLD, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 Alhambra Circle</b> Suite, Apt. #, Etc. <b>Suite 1102</b> City <b>Coral Gables</b> State <b>FL</b> Zip Code <b>33134</b>	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent **X SKRLD, INC., By Lisa A. Lerner** Sec. Date **X April 29, 1997**  
 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(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: *[Signature]* (305)  
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**4/8/97 593-2295**

CR2EDM0 (12/96)