

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 25 PM 5:31

DOCUMENT # 745646

1. Corporation Name

MARINA LAKES TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5112 S.W. 72ND AVENUE  
MIAMI FL 33155  
US

P.O. BOX 557820  
MIAMI FL 33255  
US



REINSTATEMENT 99

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

01/22/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2224414

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$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	4 City / State / Zip
P	KLINE, A.T.	5112 SW 72 AVE	MIAMI FL
D	BRISTOW, J.	5010 SW 72 AVE	MIAMI FL
D	INDGIN, S	5008 SW 72ND AVE	MIAMI FL
D	KARELAS, W	5002 SW 72ND AVE	MIAMI FL
D	ZEILLER, J.	5018 SW 72 AVE	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KLINE, A.T.  
5112 SW 72 AVENUE  
POST OFFICE BOX 557820  
MIAMI FL 33255

Name

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

Suite, Apt. #, Etc.

City

100003032831-3

-11/02/99--01081--016

\*\*\*236.25 State \*\*\*236.25

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of Registered Agent

*A.T. Kline* REGISTERED AGENT MUST SIGN

Date Oct. 20, 1999

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., 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:

*A.T. Kline* REGISTERED AGENT MUST SIGN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 20, 1999  
Date Daytime Phone #

705-665-0127