

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

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

Mailing Address

P.O. BOX 557820
MIAMI FL 33255
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

01/22/1979

5. FEI Number

59-2224414

Applied For

Not Applicable

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.	5016 SW 72 AVE	MIAMI FL

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100003032831-3

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

***236.25 Date ***236.25

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Oct. 20, 1999

Daytime Phone # 305-665-0127