

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

96 DEC 30 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749359

1 Corporation Name

KENDALL HOMEOWNERS, INC.

Principal Place of Business

Mailing Address

7120 SW 95 ST
P O DRAWER 431456
MIAMI FL 33156-3007

7120 SW 95 ST
P O DRAWER 431456
MIAMI FL 33156-3007



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.		7/16/1979	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2499125	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/> Not Applicable	

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
TD	MENDOZA, LAWRENCE	9800 SW 72ND CT	MIAMI, FL 0
VD	STEINBAUER, JOHN	8500 SW 73RD AVE	MIAMI, FL 0
PD	KRAMER, ALBERT	7120 SW 95TH ST	MIAMI, FL 0
D	OPPENHEIMER, DOUGLAS	9631 SW 72 COURT	MIAMI, FL 06000
VD	CHRISTENSEN, HOPE MARCUS	9595 SW 73 AVENUE	MIAMI FL
SD	SIMON, DAVA	9215 SW 71ST AVE	MIAMI, FL 0

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
OPPENHEIMER, DOUGLAS 9631 SW 72 COURT MIAMI FL 33156		Name Street Address (P.O. Box Number is Not Acceptable) City	
900002051849--5 -01/09/97--01014--011 ***236.25 ***236.25		State Zip Code	

REINSTATEMENT 1996
U. M. M. W.

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: *Albert Kramer* Date: 12-26-96

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)(l), 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: *Albert Kramer* ALBERT KRAMER (305) 667-9922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)