


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 AUG 19 PM 2:06	
DOCUMENT # <b>751819</b>		<b>Four Homeowners</b> <del>II. HOA.</del>		600002970066--7 -08/25/99--01084--001 ****236.25 ****236.25 <b>REINSTATEMENT 99</b>	
1. Corporation Name <b>TAMIAMI LAKES SECTION Association, Inc.</b>		Principal Place of Business Mailing Address <b>Property Management Services</b> <b>8299 Coral Way</b> <b>MIA - FL. 33155</b>			
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.		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>04-01-80</b>	
City & State		City & State		5. FEI Number <b>59-2070621</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip Country		Zip Country		6. 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P.	JOSE MERLO	9220 EAST CATUSA CLUB DRIVE	MIAMI - FLA - 33186		
S.	JOSE L. LAGO	9215 W. 136 PLACE	MIAMI - FLA - 33184		
T.	SILVIA LOPEZ	1015 S.W. 136 PLACE	MIAMI - FLA - 33184		
D.	LOURDES MENDEZ	1121 S.W. 136 PLACE	MIAMI - FLA - 33184		
D.	ALBERTO COLLAZO	1105 S.W. 136 PLACE	MIAMI - FLA - 33184		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
P.M.S./PROPERTY MANAGEMENT SVCS. 8299 CORAL WAY MIA - FL. 33155			Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</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 <i>Muli Ramirez Portuondo</i> REGISTERED AGENT MUST SIGN		Date <b>07-16-99</b>			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <i>Joe L. Kelly / President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>7-14-99</b> 305-264-4250 Daytime Phone #			

CR2E046 (1/98)