

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 17 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768556

1. Corporation Name

Lago Grande Three Condominiums Association, INC

400073765734
05/03/06--01001--011 **35.00

2. Principal Office Address

6520 W 24 CT

3. Mailing Office Address

7750 W 26 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 4

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33016

Country

Zip

33016

Country

4. Date incorporated or qualified
To Do Business in Florida

300073766109

05/03/06--01001--012 **35.00

5. FEI Number

59-2391202

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Brough, Chadrow, Levine, P.A.

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

1900 North Commerce Parkway

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Roberto Serrano	7750 W 26 Ave Suite 4	Hialeah, FL 33016
T	Jose Jorge	" "	" "
S	Pedro Lopez	" "	" "

10. 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

1-24-2006

Daytime Phone #

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lago Grande Three Condominium Association, INC.
2. The principal office address: 7750 W. 26TH Avenue, Suite #4
Hialeah, FL 33016
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/20/1983 Document number: 768556

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

TRAY, CARLOS
10570 NW 27TH Street Suite 103
MIAMI, FL 33172

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BROUGH, CHADROW & LEVINE, P.A.
1900 N. COMMERCE PARKWAY
WESTON, FL 33326

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X [Signature]
(Signature of an officer or director)

ROBERTO SERRANO - President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

12/16/05
(Date)

If signing on behalf of an entity:

MICHAEL S. CHADROW, ESQ.
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314