

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000004247**

1. Corporation Name
**Lago Azul Condominium Association
Inc,**

2. Principal Office Address
2500 W. 78 Street

Suite, Apt. #, etc.

Bay # 4

City & State

Hialeah, Florida

Zip
33016

Country
U.S.A.

3. Mailing Office Address
P.O. Box 160718

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip
33016

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3742461

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Florida's Property Management Group. Corp.

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

2500 W. 78 Street

Suite, Apt. #, Etc.

Bay # 4

City

Hialeah

State

FL

Zip Code

33016

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

Date

OCT. 27 / 2003

REGISTERED AGENT MUST SIGN

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
PD	Nestor Gomez	2500 W. 78 Street # 4	Hialeah, FL, 33016
VPD	Jorge Lopez	2500 W. 78 Street # 4	Hialeah, FL, 33016
PD	Luis S. Nieves	2500 W. 78 Street # 4	Hialeah, FL, 33016
D	Wilgen Reyes	2500 W. 78 Street # 4	Hialeah, FL, 33016
	Jose H. Lemus	2500 W. 78 Street # 4	Hialeah, FL, 33016

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

Daytime Phone #

11-17-03 25-821-179