

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 MAR 16 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

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03/16/04--01050--023 **297.50

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000006567

1. Corporation Name
Enda Homes Homeowners Association, Inc.

2. Principal Office Address
9980 SW 26 ~~Sterr~~

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip 33165 **Country** Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Enrique Benitez

Street Address (P.O. Box Number is Not Acceptable): 9980 SW 26 ~~Sterr~~

Suite, Apt. #, Etc.

City: Miami

State: FL Zip Code: 33165

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: *[Signature]* Date: February 27, 2004

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
P/D	Enrique Benitez	9980 SW 26 Sterr	Miami, Fla, 33165
D	Daisy Benitez	9980 SW 26 Sterr	Miami, Fla 33165
D	Richard F. Kondla	10511 SW 88 Street, # C-203	Miami, Fla. 33176

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)(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: *[Signature]* Date: 2/27/04 Daytime Phone #: (786) 797-4911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)