

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 16 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

NO1000006567

1. Corporation Name

Enda Homes Homeowners Association, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

9980 SW 26 Sterr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip
33165

Country
Miami-Dade

Zip

Country

**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

400030563854
03/16/04--01050--023 **297.50

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 Benitiz	9980 SW 26 Sterr	Miami, Fla, 33165
D	Daisy Benitiz	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04

Date

(786) 797-4911

Daytime Phone #

CR2E081 (01/04)