

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 30 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21327

1. Corporation Name
Le Club At KENDALE LAKES Condominium
Association, Inc.

2. Principal Office Address <u>J & M Condo Management & Maintenance, Inc. 275 Fontainebleau Blvd., Suite 200 Miami, FL 33172</u>		3. Mailing Office Address <u>J & M Condo Management & Maintenance, Inc. 275 Fontainebleau Blvd., Suite 200 Miami, FL 33172</u>	
City & State		City & State	
Zip	Country <u>US</u>	Zip	Country <u>US</u>

REINSTATEMENT 97-04
5/8/03 01068 01460375

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0198117

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

7. Name and Address of Current Registered Agent

Name Associates Management

Street Address (P.O. Box Number is Not Acceptable)
275 Fontainebleau Blvd Ste 200 100034813621
04/30/04--01020--001 **\$1.25

Suite, Apt. #, Etc.
Miami FL

City

State FL Zip Code 33172

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 4/25/04

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
<u>PTD</u>	<u>Luis Lebron</u>	<u>6460 SW 138th # 304</u>	<u>Miami, FL 33183</u>
<u>HSD</u>	<u>JUANA ARNAO</u>	<u>6540 SW 138th # 507</u>	<u>Miami, FL 33183</u>

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] JUANA ARNAO 4/25/04 (305) 382-9438
[Signature] LOUIS J. Lebron 4/25/04 305 370 662-7990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)