

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

DOCUMENT # N33541

02 NOV -8 AM 11:08

1. Corporation Name

GALLOWAY AND MILLER ESTATES HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE

TALLAHASSEE

11/08/02--01004--010 \*\*236.25

Principal Place of Business

6800 SW 40TH STREET  
P.O. BOX 141  
MIAMI FL 33155  
US

Mailing Address

6800 SW 40TH ST.  
P.O. BOX 141  
MIAMI FL 33155  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

02

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/02/1989

5. FEI Number

65-0286998

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	Manny Rodriguez	5955 SW 88 Pl.	MIAMI FL 33173
VD	Antonio Mederos	8825 SW 60 ST	MIAMI FL 33173
SD	SEGARRA, SERGIO	5806 SW 88 PLACE	MIAMI FL 33173
TD	Carmen Maspero	8840 SW 60 ST	MIAMI FL 33173
TD	Luis M Mata	5680 SW 88 Pl.	MIAMI FL 33173

8. Name and Address of Current Registered Agent

PINEIRO, EDUARDO  
8841 SW 58 STREET  
MIAMI FL 33173

Luis M Mata  
5680 SW 88 Pl.  
Miami FL 33173

9. Name and Address of New Registered Agent

Name

Luis M. Mata

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

5680 SW 88 Pl.

Suite, Apt. #, Etc.

Miami FL 33173

City

Miami

State

FL

Zip Code

33173

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Nov. 02, 2002

11. 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 #