

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42016

1. Corporation Name
Kendall Point Homeowners Association, Inc.

2. Principal Office Address 8651 SW 82 Court		3. Mailing Office Address 8651 SW 82 Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami		City & State Miami	
Zip 33143	Country USA	Zip 33143	Country USA

REINSTATEMENT ~~96-05~~

4. Date Incorporated or Qualified To Do Business in Florida 2/11/1991

5. FEI Number 59-0843280	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Barry Matz

Street Address (P.O. Box Number is Not Acceptable)
8651 SW 82 Court

Suite, Apt. #, Etc.

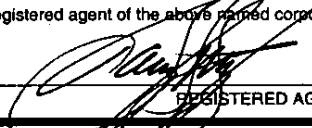
City
Miami

State
FL

Zip Code
33143

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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.

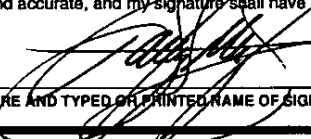
Signature of Registered Agent  Date 2/25/2005

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
Pres	Daniel Martinez	8411 SW 84th Terrace	Miami, FL 33143
V. Pres	Fernando Cordal	8380 SW 87 Terrace	Miami, FL 33143
Sec	John Lopez	8321 SW 87 Terrace	Miami, FL 33143
Tres	Barry Matz	8651 SW 82 Court	Miami, FL 33143

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:  **Barry Matz** 2/25/2005 305-702-7333

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

CR2E081 (01/05)

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Barry J. Matz

8651 Southwest 82 Court
Miami, FL 33143-6901

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Thursday, March 10, 2005

Florida Department State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: *Reinstatement of Non-Profit Corporation*
RE: **Kendall Point Homeowners Association, Inc.**
Document Number # N42016

To Whom It May Concern:

I am the Treasurer of our homeowners association. Our association was administratively dissolved due to non-payment of the annual fee. Our homeowners association is a voluntary association of only 144 homes of which we try to get a 50% participation. Therefore dues are always difficult to collect.

Unfortunately in 1996 our President moved and our Vice President passed away not long after that. I'm not sure where the notices went but there was not anyone to receive them or authorized to sign the checks.

We have elected a new board and would like to be reinstated. I recently spoke with a representative in your office who told me to send \$612.50 for reinstatement. Please discharge the reinstatement fee as we did not receive the notices and therefore could not pay the fees.

I am enclosing a check (# 0214) for the \$612.50 together with the Corporation Reinstatement form filled out and signed.

Should you have any questions or need to contact me, please feel free to contact me in the office at 305-702-7333 during the day or 305-970-6810 on my cell. My Email is Barry.matz@earthlink.net

Thank You,

Barry Matz