PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 96091

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 FEB -3 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-02/06/97--01009--001
****236.50 ****236.50

DOCUMENT # N50417

1. Corporation Name
SUNSET PALMS HOA, INC.
Homeowners Association

Principal Place of Business
10875 SW 76 ST.
MIAMI, FL. 33173

Mailing Address
SUNSET PALMS HOA
C/O MIAMI MANAGEMENT
14275 SW 142 AVE.
MIAMI, FL. 33186

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

REINSTATEMENT 96

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/21/1992

5. FEI Number: 65-0398373 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	BARBARA JEFFERS	10817 SW 74 STREET	MIAMI, FL. 33173
VP/D	ALBERT ZAMORANO	7445 SW 108 AVE.	MIAMI, FL. 33173
VP/D	ALBERTO SARMIENTO	7511 SW 108 AVE.	MIAMI, FL 33173
T/D	SANTIAGO FRIERE	10810 SW 74 ST.	MIAMI, FL. 33173
D	MIRTA HEINEMAN	10810 SW 75 ST.	MIAMI, FL. 33173
			JBJ-4-97

8. Name and Address of Current Registered Agent

CR2E040

9. Name and Address of New Registered Agent

Name: SKRLD, Inc.
Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE SUITE 1102
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33134

CR2E040 (12/95)

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.

Signature of Registered Agent: SKRLD, Inc. by Lisa A. Lerner ; Secretary Date: 11/5/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

BARBARA M. JEFFERS

SIGNATURE: Barbara M Jeffers, President 11/7/96 (305)442-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #