

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND FILED

01 DEC 21 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

98-01 VBR

DOCUMENT # **N93000005266(2)**

1. Corporation Name:

**Bardines Habitat Homeowners
Association, INC**

2. Principal Office Address

Habitat for Greater Miami

3. Mailing Office Address

**Homeowners
Bardines Habitat**

Suite, Apt. #, etc.

PO Box 560994

Suite, Apt. #, etc.

P.O. Box 560994

City & State

Miami, FL 332560994

City & State

Miami, FL

Zip

332560994

Country

USA

Zip

33256

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0470898

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carol Clifford

500004769555-1

01/11/02-01954-021

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

31824 SW 187 PL

******253.75 ****253.75**

Suite, Apt. #, Etc.

City

Homestead

State
FL

Zip Code

33030

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

Carol Clifford

Date **10-17-01**

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.	Carol E Clifford	31824 SW 187 PL	Homestead, FL 33030
T. D.	Cynthia Lazoya	31842 SW 187 CT	Homestead, FL 33030
V.P. D.	Betty Scott	18750 SW 319 Terr	Homestead, FL 33030

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:

Carol Clifford

10-17-01 305-246-9053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)