


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005544**

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1. Corporation Name
KENDALLWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~8200 S.W. 91ST AVENUE~~ ~~MIAMI FL 33173~~
~~8200~~ ~~MIAMI FL 33173~~



REINSTATEMENT

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

2. New Principal Office Address, If Applicable 8200 SW 91 AVE Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 9060 SW 82 ST Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 11/09/1994
City & State Miami FL	City & State Miami FL 33173	5. FEI Number 65-0442999 Applied For Not Applicable
Zip 33173-4132 Country	Zip 33173-4132 Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	DEVINE, STACEY CASTELLANOS, CARLOS	8200 S.W. 91ST AVENUE	MIAMI FL 33173
VD	RANDALL, GORDON VALDES, ALEIDA	8200 S.W. 91ST AVENUE	MIAMI FL 33173
STD TD	SUAREZ, BENIGNO	8200 S.W. 91ST AVENUE	MIAMI FL
SD	CEREJO, TERESA	8200 SW 91 AVE	Miami FL 33173
D	DEVINE, STACEY	8200 SW 91 AVE	Miami FL 33173
			100003496821-3 -12/12/00--01040--019

8. Name and Address of Current Registered Agent PARALEGAL & ATTORNEY SERVICE BUREAU, INC. 1406 HAYS STREET SUITE 2 TALLAHASSEE FL 32301	9. Name and Address of Registered Agent Name BENIGNO SUAREZ Street Address (P.O. Box Number is Not Acceptable) 9060 SW 82 ST Suite, Apt. #, Etc. City Miami State FL Zip Code 33173
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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 **SIGNATURE REQUIRED** Date **11/13/00**
REGISTERED AGENT MUST SIGN

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 REQUIRED Date **11/13/00** Daytime Phone # **(305) 579-7052**

CR12E040 (8/00)

AD