

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000968

1. Corporation Name
KENDALL GATE HOMEOWNERS ASSOCIATION, INC.

200023965522
10/21/03--01042--006 **\$61.25

200023965522
10/21/03--01042--007 **\$175.00

03

2. Principal Office Address 13800 SW 144 AVE RD Suite, Apt. #, etc.		3. Mailing Office Address 13800 SW 144 AVE RD Suite, Apt. #, etc.	
City & State MIAMI		City & State MIAMI	
Zip FL	Country US	Zip FL	Country US

4. Date Incorporated or Qualified To Do Business in Florida 02/20/97	
5. FEI Number 65-0537059	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: DALE Glassford

Street Address (P.O. Box Number is Not Acceptable): 12912 SW 133 Ct

Suite, Apt. #, Etc.: suite B

City: Miami

State: FL Zip Code: 33186

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: *[Signature]* Date: 10/12/03

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.	Jorge L. Kadach	8720 SW 159 CT.	Miami, FL 33193
V. Pres.	HARRY G. Delacruz	8734 SW 161 Ave	Miami, FL 33223
Sec.	Adela Tebrisa	8690 SW 161 ct	Miami, FL 33193
Treas.	Hugo Barbeito	8752 SW 159 pl.	Miami, FL 33193
Dir.	Francisca Betancourt	8711 SW 161 ct	Miami, FL 33193
Dir.	Miriam Ochoa	8709 SW 158 pl	Miami, FL 33193

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: *[Signature]* 10-15-03

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

CRZE081 (10/02)

13