

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 16 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 + 2002
KRC
4/16

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # N99000005054

1. Corporation Name

VERANDA AT DORAL HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

C/O SPM, INC.

Suite, Apt. #, etc.

2500-NW 97 AVE., SUITE 200

MIAMI, FL 33172

Country USA

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

City & State

Country USA

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4. Date Incorporated or Qualified
To Do Business in Florida

8/24/1999

5. FEI Number

650983231

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

SKRLD, INC.

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

201 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

SUITE 1102

City

CORAL GABLES,

State FL Zip Code 33134

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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 LISA LERNER, *Lisa Lerner*, SECRETARY Date 2/12/2002

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
PD	EDDIE SUAREZ	5240 NW 109 Avenue, # 104	Miami, FL 33178
VPD	MARILYN GOMEZ	5245 NW 112 Avenue, # 101	Miami, FL 33178
TSD	SCOTT VELASCO	5250 NW 109 Avenue, # 106	Miami, FL 33178

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eddie Suarez ✓

Date

3/2/02 ✓

Daytime Phone #

786-223-3647

CR2E081 (9/01)