

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

01 JUN 13 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** N94000000321

1. Corporation Name

**SAINT HUGH OAKS VILLAGE ASSOCIATION, INC.**

2. Principal Office Address

**12079 SW 131 AVE**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33186**

Country

**USA**

3. Mailing Office Address

**12079 SW 131 AVE**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33186**

Country

**USA**

4. Data Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**540576847**

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

Na-  
--SKRLD, INC.

**600004481738--3**

**-07/17/01--01102--019**

Street Address (P.O. Box Number is Not Acceptable)  
**201 ALHAMBRA CIRCLE**

**\*\*\*\*122.50 \*\*\*\* 22.50**

Suite, Apt. #, Etc.  
**#1102**

City

**MIAMI**

State  
**FL**

Zip Code  
**33134**

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 SKRLD, INC. BY LISA LERNER *Lahner* SECRETARY  
REGISTERED AGENT MUST SIGN

Date 5-3-01

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	RIVERS, BRENDA	3627 SW 37 AVE	MIAMI, FL 33133
VPD	ALBURY, JIM	3633 SW 37 AVE	MIAMI, FL 33133
SD	SHAW, VICTORIA	3688 FRANKLIN AVE	MIAMI, FL 33133
TD	LUACES, LOURDES	3625 SW 37 AVE	MIAMI, FL 33133
DD	VOLPE, SALVATORE	3623 SW 37 AVE	MIAMI, FL 33133
			<i>MW</i>

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:

*Brenda Rivers* Brenda Rivers Pres 5/15/01 (305) 448-4999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)