

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 20 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707125

1. Corporation Name

Miami Lakes Civic Association

2. Principal Office Address

15151 Montrose Road

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip

33016

Country

Miami-Dade

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

4/8/1964

5. FEI Number

59-1784462

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

Dorothy G. Cook

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

6850 Queen Palm Terrace

Suite, Apt. #, Etc.

City

Miami Lakes

State
FLZip Code
33014

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

Dorothy G. Cook

Date 12/13/02

REGISTERED AGENT MUST SIGN

CR2E081 (8/01)

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
P.	Dorothy G. Cook	6850 Queen Palm Terrace	Miami Lakes, FL 33014
VP	Richard Bock	14007 Lake George Court	Miami Lakes, FL 33014
D	Angela Garrison	6371 Lake Champlain Terrace	Miami Lakes, FL 33014
SS.	Pat Jones	14601 Balgowan Road #2-106	Miami Lakes, FL 33016
D	Russ Geyer	14725 Balgowan Road #204	Miami Lakes, FL 33016
D	Tom Westwood	16429 Fox Den Court	Miami Lakes, FL 33014

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:

Pat Jones, Secretary

12/13/02

(305) 558-7755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



MIAMI LAKES CIVIC ASSOCIATION

15151 MONTROSE ROAD • MIAMI LAKES, FLORIDA 33016-6430
PHONE (305) 558-7755 • FAX (305) 362-6743
Email: info@mlca.org • www.mlca.org

December 13, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32399

To Whom It May Concern:

Last April we sent a check (copy enclosed) along with the annual report. About one month later we received the form back for the signature of the Current Registered Agent. We signed the form and sent it back.

A couple of weeks ago we were told that our Corporation, Miami Lakes Civic Association, was dissolved. At that time we spoke to one of your agents and she informed me that the form has been sent back to us a second time for additional information. We never received it and a representative from your office told us to write and explain what happened because we should not really have been dissolved.

Attached is the form requesting re-instatement. We understand that we will not have to pay a reinstatement fee due to the fact that we sent our check and it was cashed on time. Please contact us with a copy of a certificate.

Sincerely,

Pat Jones
Pat Jones
Secretary

Enclosed

1. A copy of the check
2. A copy of the annual report
3. A copy of the form requesting re-instatement
4. A copy of the certificate of incorporation

Very truly yours,
Pat Jones
Secretary