PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC -6 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **708010**

1. Corporation Name

SKY LAKE GARDENS NO. 2. INC., A CONDOMINIUM

REINSTATEMENT 99

Principal Place of Business	Mailing Address
P.O. BOX 600301 NORTH MIAMI BEACH FL 33160	P.O. BOX 600301 NORTH MIAMI BEACH FL 33160

$ 12/6/99 900130341 #61.25

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/26/1964

5. FEI Number: 59-1171512 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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 Title(s)	2 Name of Officers and/or Directors		3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	DAVILA, ROLANDO	D/T	1655 NE MIAMI GARDENS DR #116	NORTH MIAMI BEACH FL 33179
~~DVP~~ DVP	~~SOLANO, CHARON~~ Robinson, Henry	D/T	~~1697 NE MIAMI GARDENS DR #145~~ 1705 NE Miami Gardens Dr #116	N MIAMI BCH FL 33179
~~DVP~~ DVP	~~DI MARZIO, MAURIZIO~~ Buendia, Solange	D/T	~~1697 NE MIAMI GARDENS DR #216~~ 1719 NE Miami Gardens Dr #130	~~NORTH MIAMI BEACH FL 33179~~ North Miami Beach, FL 33179
DS	ADAMS, MARTINA	D/T	1701 NE MIAMI GARDENS DR #216	NORTH MIAMI BEACH FL 33179
DT	CASTRO, JUAN	D/T	1715 NE MIAMI GARDENS DR, 129	NORTH MIAMI BEACH FL 33179

8. Name and Address of Current Registered Agent

DAVILA, ROLANDO
1655 NE MIAMI GARDENS DR
#116
NORTH MIAMI BEACH FL 33179

9. Name and Address of New Registered Agent

Name: DAVILA, ROLANDO
Street Address (P.O. Box Number is Not Acceptable)
500003070375--0
Suite, Apt. #, Etc.
-12/15/99--01011--001
City
*****175.00 *****175.00
State: FL
Zip Code

CR2E040 (8/99)

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
REGISTERED AGENT MUST SIGN

Date: 11/20/99

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.

KE

SIGNATURE: [signature] (ROLANDO DAVILA)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/99
Date

(305) 325-4866 (wk)
Daytime Phone # 944-0582 (hm)

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