PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 SEP 21 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721270

1. Corporation Name
Kings Gardens Homeowner's Association, Inc.

Principal Place of Business	Mailing Address
P.O. Box 170726 Hialeah, FL 33017	19317 NW 45 Ave Miami, FL 33055

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

REINSTATEMENT 74-98

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

4. Date Incorporated or Qualified To Do Business in Florida 6/30/71

5. FEI Number — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

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09/24/98 01081-006
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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City-State-Zip 4
PD	Humberto Delgado	19309 NW 45 Ave	Miami, FL 33055
VD	Evan Robinson	19333 NW 47 Ave	Miami, FL 33055
TD	Candida Perez	19313 NW 45 Ave	Miami, FL 33055
S	Elfida Hiraldo	19320 NW 45 Ave	Miami, FL 33055
D	Gabriel Tubella	19316 NW 45 Ave	Miami, FL 33055
D	Caridad Lorenzo	4516 NW 191 Terr	Miami, FL 33055

8. Name and Address of Current Registered Agent

~~Humberto Delgado~~
~~19309 NW 45 Ave~~
~~Miami, FL 33055~~
N/A

9. Name and Address of New Registered Agent

Name: Humberto Delgado
Street Address (P.O. Box Number is Not Acceptable): 19309 N.W. 45 Ave
Suite, Apt. #, Etc.:
City: Miami
State: FL
Zip Code: 33055

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: Humberto Delgado
REGISTERED AGENT MUST SIGN
Date: 9/8/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐
(See other side for information on intangible tax.)

12. 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: Humberto Delgado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/98
Date

305-621-1860
Daytime Phone #