

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

00 JUL 24 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721270

1. Corporation Name

KING'S GARDENS HOMEOWNER'S ASSOCIATION

2. Principal Office Address

19321 N.W.
Miami, FL.

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

46th Ave/ P.O. BOX 170726
33055 / HIALEAH, FL. 33017-0726

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0429253

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

RICHARD R. RIVERA

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

19174 N.W. 46th Ave

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33055

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

REGISTERED AGENT MUST SIGN

Date 6-15-00

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
PRES	RICHARD R. RIVERA	19174 N.W. 46 Avenue	Opa-Locka, FL. 33055
V.P.	ENRIQUE R. BAUTISTA	4508 N.W. 192nd Street	" "
SEC	RAIDEL MIRANDA	4513 N.W. 193rd Terr.	" "
TREA	BARBARA Y. GILLENWATER	19321 N.W. 46th Avenue	" " LS

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

6-15-00 (305) 632737

Date

Daytime Phone #