

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 AUG -1 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739593

1. Corporation Name

SAMARI LAKE Community Association, Inc.

7401000017970

100007074471--8

-08/13/02--01034--020

****910.00 ****910.00

2. Principal Office Address

10090 NW 80 CT.

3. Mailing Office Address

10090 NW 80 CT.

Suite, Apt. #, etc.

MNGMT. OFF.

Suite, Apt. #, etc.

MNGMT. OFF.

City & State

HALEAH GARDENS, FL.

City & State

HALEAH GARDENS, FL.

Zip

33016

Country

USA

Zip

33016

Country

USA

MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

7/21/1977

5. FEI Number

☒ 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

RAFAEL A. PENALVER, RECEIVER

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

1101 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 1700

City

MIAMI, FL 33131

State

FL

Zip Code

33131

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

5-4-01

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
Court App. RECEIVER	RAFAEL A. PENALVER	1101 BRICKELL AVE. STE. 1700	MIAMI FL 33131
D	Carlos Reyes	2500 NW 95 AVE. #200	MIAMI, FL 33172
T	AURORA PENALVER SALAS	1101 BRICKELL AVE. Ste. 1700	MIAMI, FL 33131

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

RECEIVER 5-4-01

Date

Daytime Phone #

(305)
579-9000

CR2E081 (9/00)