


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 739593	
1. Entity Name SAMARI LAKE COMMUNITY ASSOCIATION, INC.	

Principal Place of Business 10090 NORTHWEST 80TH COURT ATTN MANAGEMENT OFFICE HIALEAH GARDENS, FL 33016	Mailing Address 10090 NORTHWEST 80TH COURT ATTN MANAGEMENT OFFICE HIALEAH GARDENS, FL 33016
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 11981 SW 144 CT Suite, Apt. #, etc. APT # 701 City & State MIAMI FL Zip 33184
Suite, Apt. #, etc.	
City & State	
Zip	Country

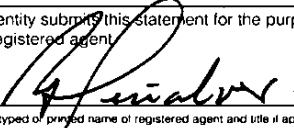
FILED
07 OCT 22 AM 10: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT	
1008707	1008709 (1/07) 07
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PENALVER, RAFAEL A 1101 BRICKELL AVENUE SUITE 1700 MIAMI, FL 33131
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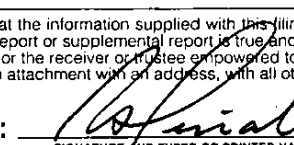
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	RAFAEL A. PENALVER - 70-17-02 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PENALVER, RAFAEL A 1101 BRICKELL AVE SUITE 1700 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D REYES, CARLOS 2200 N.W. 102 AVE. STE.05 DORAL, FL 33172 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D COLSON, MARIA 1101 BRICKELL AVE, SUITE 1700 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D NESTOR BLANCO 15813 SW 101 STREET MIAMI, FL 33196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I/VON DELATORRE 10000 N.W. 80 CT HIALEAH GARDENS, FL. 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$710/23
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200111277822 10/24/07--01008--004 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	PRES - RECEIVER 10-17-07 786 2513399 Date Daytime Phone #