

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 10 PM 12:35

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 140893

1. Corporation Name

Lejeune Gardens Homeowners  
Association, Inc.

2. Principal Office Address

P.O. Box 630280

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33163

Country

USA

3. Mailing Office Address

500 W. Cypress Creek Road

Suite, Apt. #, etc.

230

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

100024762641  
11/17/03--01098--005 \*\*236.25  
REINSTATEMENT 07

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/1977

5. FEI Number

650127240

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

Kreman, Marshall, CAM

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

500 West Cypress Creek Rd #230

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33309

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

*Marshall Kreman*

Date

12/4/2003

REGISTERED AGENT MUST SIGN

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
PO Director	Sandra McDowell	18240 NW 41 Pl	Miami, FL 33055
V/D	Lillian Shaw	17949 NW 40th Ct.	Miami, FL 33055
T.	Ricardo Canezas	18050 NW 40 Pl	Miami, FL 33055
S/D	Veneta Mason	18190 NW 41 Pl	Miami, FL 33055
D	Margarita Lopez	18002 NW 41 Pl	Miami, FL 33055

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:

*Sandra McDowell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/03

Date

(305)  
984-0012

Daytime Phone #

CR2E081 (10-02)