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 JUL -7 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742 376

W98-14469

1. Corporation Name
Greenway Lakes Section Three Property owners Association Inc.

REINSTATEMENT 7/2/98 88-98

Principal Place of Business / Mailing Address
7171 Coral way suite: 301
Miami FLA 33155

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

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

4. Date Incorporated or Qualified To Do Business in Florida 1978

5. FEI Number APPLIED FOR ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

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
P/D	Tony Rodriguez	1902 SW 124 PL	Miami, FL 33175
VP/D	Lee Barberis	1912 SW 124 PL	Miami, FL 33175
S	Ulma Gonzalez	1922 SW 124 PL	Miami, FL 33175
T	Ana Diaz	2002 SW 124 PL	Miami, FL 33175
D	Amanda Lopez	7171 Coral Way Suite 301	Miami FL 33155

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****857.50 ****857.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Amanda Lopez 7171 Coral way Suite: 301 Miami, FLA 33155	Name: AMANDA LOPEZ Street Address (P.O. Box Number is Not Acceptable): 7171 Coral way Suite, Apt. #, Etc.: Suite: 301 City: Miami State: FL Zip Code: 33155

CR2E040 (1/98)

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 Amanda Lopez REGISTERED AGENT MUST SIGN Date 6/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Tony Rodriguez 6/17/98 (305) 532 1456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #