PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -3 PM 2: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751818

1. Corporation Name

TAMIAMI LAKES Section III HOMEOWNERS ASSOCIATION, INC

REINSTATEMENT 02-04

2. Principal Office Address 1667 SW 136 Pl	**3.** Mailing Office Address 1667 SW 136 Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI Fl	City & State Miami Fl

4. Date Incorporated or Qualified To Do Business in Florida 04-01-80

5. FEI Number 592070616 | Applied For / Not Applicable

| Zip 33175 | Country MIA-DADE | Zip 33175 | Country MIA-DADE |

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

7. Name and Address of Current Registered Agent

Name Reinaldo Aquit

500048027455
03/09/05---01008---003 **420.00

Street Address (P.O. Box Number is Not Acceptable) 1667 SW 136 PL

Suite, Apt. #, Etc.

City MIAMI FL | State FL | Zip Code 33175

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 2/28/05

CR2E081 (01/05)

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
D	JUAN LUGO	1487 SW 136 PL	MIAMI FL 33175
D	REINALDO AQUIT	1667 SW 136 PL	MIA FL 33175
D	RAFAEL DIAZ	1657 SW 136 PL	MIA FL 33175

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: REINALDO AQUIT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/5   305 551-3869
Date   Daytime Phone #