

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -4 PM 5:54

DOCUMENT # **754871**

1. Corporation Name

**Kendall Trace Condominium
Association, Inc.**

2. Principal Office Address

13388 SW 128 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FLA

Zip

33186

Country

Dade

City & State

Zip

Country

REINSTATEMENT

95-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

592168688

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

Glen Colvin

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

13388 SW 128 STREET

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

300003500933-8

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*****542.50 ***542.50**

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

[Signature]

Date

11/30/00

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
PD	David Astin	7777 SW 100 STREET	MIAMI, FLA 33156
VPD	Andrea Harum	7720 SW 99 STREET	MIAMI, FLA 33156
TD	Jud Kurlancheek	7760 SW 99 STREET	MIAMI, FLA 33156
S	Janet Shad	7700 SW 99 STREET	MIAMI, FLA 33156
D	David Poor	7744 SW 99 STREET	MIAMI, FLA 33156
D	June Harbett	7762 SW 99 STREET	MIAMI, FLA 33156

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/00

Date

Daytime Phone #

AD

CR2E081 (9/99)