

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JUN 25 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767008

1. Corporation Name

Airport Lakes Industrial Park No. II Property Owners Association, Inc.

2. Principal Office Address - No P.O. Box #

121 Alhambra Plaza

Suite, Apt. #, etc.

10th Floor

City & State

Coral Gables, Florida 33134

Zip

33134

Country

USA

3. Mailing Office Address

121 Alhambra Plaza

Suite, Apt. #, etc.

10th Floor

City & State

Coral Gables, Florida 33134

Zip

33134

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1983

5. FEI Number

000000000

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

Carlos F. Martin

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

Becker & Poliakoff, P.A. 121 Alhambra Plaza

Suite, Apt. #, etc.

10th Floor

City

Coral Gables, Florida 33134

State

FL

Zip Code

33134

REINSTATEMENT

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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

6/20/2013

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	Paul Farago	2401 N.W. 93rd Avenue	Doral, FL 33172
D	Lewis Armstrong	2001 N.W. 93rd Avenue	Doral, FL 33172
D	Joel Martin	1740 N.W. 93rd Avenue	Doral, FL 33172

10. E-mail Address: Cmartin@becker-poliakoff.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/20/2013

Daytime Phone #