

From:

05/29/2009 07:31

#524 P.002/003

FILED

09 JUN -4 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767277

1. Corporation Name

LAKES OF THE MEADOW VILLAGE HOMES
CONDOMINIUM NO. ONE MAINTENANCE
ASSOCIATION000156796320
06/04/09--01046--003 **236.25REINSTATEMENT 09
CR2E081 (12/08)

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

18001 OLD CUTLER RD.

Suite, Apt. #, etc.

521

City & State

PALMETTO BAY FLORIDA

Zip

33157

Country

U.S.

3. Mailing Office Address

18001 OLD CUTLER RD

Suite, Apt. #, etc.

521

City & State

PALMETTO BAY FLORIDA

Zip

33157

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1983

5. FEI Number

592341212

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

BROUGH, CHADRON & LEVINE, P.A.

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

1900 NORTH COMMERCE PARKWAY

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

10/2/09

REGISTERED AGENT MUST SIGN

Date 5/29/09

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
DP	BARBARA ELKIN	14945 SW 49TH LANE	MIAMI FL 33185
DVP	IRMA RIVERA	14975 SW 49TH LANE (F)	MIAMI FL 33185
DS	KEVIN KINCAID	4925 SW 14TH CT. (F)	MIAMI FL 33185
DS	CATHY MANCINO	14980 SW 49TH LANE (G)	MIAMI FL 33185

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 contained in Chapter 119, 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:

Barbara Elkin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/09

Date

305559 3534

Daytime Phone #

6/9/09