

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -7 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M58171

1. Corporation Name

University Lakes Mobile Homeowners Assoc

2. Principal Office Address

1160 SW 129 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1160 SW. 129 ave

Suite, Apt. #, etc.

City & State

miami FL

Zip

33184

Country

DADE

City & State

miami FL

Zip

33184

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

8/25/87

5. FEI Number

59-2737121

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

Eduardo Cruz

100003743291

-02/20/01--01067--007

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

1160 NW 129 ave

****300.00 ****300.00

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33184

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

Eduardo Cruz
REGISTERED AGENT MUST SIGN

Date 1-29-01

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
Pres	Eduardo Cruz	1447 SW 131 ave	miami FL 33184
V-Pres	Maria I. Tabares	1160 SW 129 ave	miami FL 33184
Treas	Maria I. Diaz	1447 SW 131 ave	miami FL 33184
Dir	Jose E. Contreras	1160 SW 129 ave	miami FL 33184
Sec	Marta Tejada	12825 SW 17th	miami FL 33184

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:

Maria I. Tabares

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-29-01 (305) 559-8669

Daytime Phone #

CR2E081 (9/00)

1-29-01

TO: DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: UNIVERSITY LAKES MOBILE HOMEOWNERS ASSOCIATION
1160 S.W. 129 AVE
MIAMI, FL 33184

THIS IS TO INFORM THAT WE NEVER RECEIVED THE NOTICE TO RENEW THE CORPORATION ON JANUARY 2000.

PLEASE DON'T CHARGE US FOR ANY PENALTY OR LATE FEES.

WE ARE SENDING THE RENEWAL FORM AND THE AMOUNT OF \$300.00 DOLLARS TO UPDATE THE CORPORATION.

IF YOU NEED ANY INFORMATION FEEL FREE TO CONTACT US AT 305-599-8669.

SINCERELY
VICE PRESIDENT (MARIA I. TABARES.)

Maria I. Tabares