


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **NO 0002**

1. Corporation Name  
**LAKES OF THE MEADOW VILLAGE HOMES CONDOMINIUM NO. TWO MAINTENANCE ASSOCIATION**

2. Principal Office Address - No P.O. Box # <b>18001 OLD CUTLER RD.</b>		3. Mailing Office Address <b>18001 OLD CUTLER RD</b>	
Suite, Apt. #, etc. <b>521</b>		Suite, Apt. #, etc. <b>521</b>	
City & State <b>PALMETTO BAY FLORIDA</b>		City & State <b>PALMETTO BAY FLORIDA</b>	
Zip <b>33157</b>	Country <b>US</b>	Zip <b>33157</b>	Country <b>US</b>

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**

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 **5/29/09**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	CARLOS MARTINEZ	4910 SW 149 CT (A)	MIAMI FL 33185
DST	JULIA CASTILLO	4875 SW 149 CT (F)	MIAMI FL 33185
DVP	ELENA MARTINEZ	4910 SW 149 CT (A)	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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

FILED  
2009 JUL 10 PM 3:00  
TALLAHASSEE, FLORIDA  
000158364890  
07/10/09--01049--005 #236.25

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **11/22/1983**

5. FEI Number **592370863** Applied For Not Applicable

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

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.

JUL 10 2009