

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 12 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01002

1. Corporation Name

THE LAKES OF AVALON MASTER ASSOCIATION, INC.
c/o Joseph R. Padron CPA, PA
13358 SouthWest 128 Street Miami FL 33186
13358 SouthWest 128 Street Miami FL 33186

2. Principal Office Address

13358 SouthWest 128 Street

3. Mailing Office Address

13358 SouthWest 128 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33186

Country

USA

Zip

33186

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/19/1984

5. FEI Number

59-2516841

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

Rosa M. de la Camara, Esq.

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

Alhambra Towers, 121 Alhambra Plaza

Suite, Apt. #, Etc.

Suite 1000 (10th Floor)

City

Coral Gables

State

FL

Zip Code

33134

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

Rosa M. de la Camara

REGISTERED AGENT MUST SIGN

Date

9/27/04

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
P/D	Yolanda Leal Quesada	8222 NW 191 Lane	Miami, FL 33015
V/D	John F Healy III	8497 NW 191 Street	Miami, FL 33015
S/D	Camilo Rodriguez	19133 NW 80 Court	Miami, FL 33015
T/D	Albert Alonso	7939 NW 190 Terrace	Miami, FL 33015
D	Benjamin Vidal	8250 NW 191 Street # C	Miami, FL 33015

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RESIDENT

Date

9/23/04

Daytime Phone #

305 829-8363