

From:

05/29/2009 07:31

#524 P.002/003

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: 52

09 JUN 15 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO 1367

1. Corporation Name

LAKE OF THE MEADOW VILLAGE HOMES
CONDOMINIUM NO. THREE MAINTENANCE
ASSOCIATION

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

18001 OLD CUTLER RD

Suite, Apt. #, etc.

521

City & State

PALMETTO BAY, FLORIDA

Zip

33157

Country

US

3. Mailing Office Address

18001 OLD CUTLER RD

Suite, Apt. #, etc.

521

City & State

PALMETTO BAY, FLORIDA

Zip

33157

Country

US

REINSTATEMENT 09

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06/15/09--01048-000**236.25

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/1984

5. FEI Number

592508653

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/24/09

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	HOLMAN RIOS	14955 SW 48 TERRACE	MIAMI FL 33185
DVP	MIGUEL OLIVERA	14975 SW 48 TERRACE(S)	MIAMI FL 33185
DS	JACINTO LUZARRAGA	14970 SW 48 TERRACE(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:

[Signature] HOLMAN RIOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/6/09

Daytime Phone #

6/15