

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 APR 27 AM 10:00

DOCUMENT # **N-03261**

1. Corporation Name

**Lago Grande 5 Condominium
Association, Inc.**

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

6520 W 24 CT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Zip

33016

Country

U.S

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1984

5. FEI Number

592512404

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

FM law Group, P.A.

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

14100 Palmetto Frontage Road

Suite, Apt. #, Etc.

Suite-390

City

Miami Lakes

State

FL

Zip Code

33016

000270997950

03/24/15--01036--012 **\$00.00

000270997950

03/24/15--01036--011 **\$00.00

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

REGISTERED AGENT MUST SIGN

Date **3-11-15**

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	BRAVO, JACQUELINE	6520 W 24 CT	HIALEAH, FL 33016
SD	GARCIA, DIEGO	6520 W 24 CT	HIALEAH, FL 33016
D	GONZALEZ, CARLOS	6520 W 24 CT	HIALEAH, FL 33016

APR 30 2015

REINSTATEMENT 2014-2015

L. SELLERS

2015-2016

10. E-mail Address: **dovi1942@hotmail.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Jacqueline Bravo - President

4/20/15

305-335-1207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #