

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : COSTA & ASSOCIATES P.A.
Account Number : I20110000065
Phone : (305) 827-0100
Fax Number : (305) 675-2210

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: email @ costalawyers.com

CORPORATION REINSTATEMENT
HIALEAH GARDENS COMMERCIAL ASSOCIATION, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
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Corporate Filing Menu

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Sep. 28, 2011 5:50PM

No. 9398 P. 1 of 2
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 SEP 29 PM 7:59
11 SEP 29 PM 8:00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000011870

1. Corporation Name
HIALEAH GARDENS COMMERCIAL ASSOCIATION, INC.

REINSTATEMENT 10-11

2. Principal Office Address - No P.O. Box # 7901 W. 25TH AVE, Suite, Apt. #, etc. #3 City & State HIALEAH, FL Zip 33016		3. Mailing Office Address 7901 W. 25TH AVE Suite, Apt. #, etc. #3 City & State HIALEAH, FL Zip 33016	
Country USA		Country USA	

CR26081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida	12/20/2004
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <i>see attached appl.</i>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name
COSTA & ASSOCIATES, PA, ATTORNEYS AT LAW

Street Address (P.O. Box Number is Not Acceptable)
6843 MAIN STREET

Suite, Apt. #, Etc.
SUITE 302

City
MIAMI LAKES

State
FL

Zip Code
33014

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent *Helen C. Costa* **REGISTERED AGENT MUST SIGN** *COSTA & ASSOCIATES, PA.* Date **SEPTEMBER 28** 2011

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
PD	RICHARD RAFULS	7901 W 25TH AVE, #3	MIAMI LAKES, FL 33014
D	HECTOR MARRERO	7901 W 25TH AVE, #3	MIAMI LAKES, FL 33014

10. E-mail Address: RAFULS@AOL.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. 617.155, F.S.

SIGNATURE: *Helen C. Costa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEPT 28 2011 305-827-0100

Date Daytime Phone #

9/29/11

Sep. 28. 2011 5:50PM

No. 9398 P. 2 of 2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Form **SS-4** Application for Employer Identification Number

(Rev. January 2010) (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

Department of the Treasury Internal Revenue Service ▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0043
EIN
SEP 29 PM 8:52

Type or print clearly.	1	Legal name of entity (or individual) for whom the EIN is being requested. HAVAIT GARDENS Commercial Association Inc.	
	2	Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
	4a	Mailing address (room, apt., suite no. and street, or P.O. box) 7901 W 25 Ave #3	5a Street address (if different) (Do not enter a P.O. box.)
	4b	City, state, and ZIP code (if foreign, see instructions) MIAMI FL. 33014	5b City, state, and ZIP code (if foreign, see instructions)
	6	County and state where principal business is located MIAMI - DADE, FL.	
	7a	Name of responsible party RICHARD RAFULS.	7b SSN, ITIN, or EIN

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? Yes No

8b If 8a is "Yes," enter the number of LLC members

8c If 8a is "Yes," was the LLC organized in the United States? Yes No

9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (TIN)
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120	<input type="checkbox"/> Trust (TIN of grantor)
<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶	Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated

State FLORIDA	Foreign country
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10 Reason for applying (check only one box)

<input type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input checked="" type="checkbox"/> Other (specify) ▶ Resolving never previously REQUESTED	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Created a pension plan (specify type) ▶

11 Date business started or acquired (month, day, year). See instructions.
2/20/2004

12 Closing month of accounting year **December**

13 Highest number of employees expected in the next 12 months (enter -0- if none).
If no employees expected, skip line 14.

Agricultural <input checked="" type="radio"/>	Household <input checked="" type="radio"/>	Other <input checked="" type="radio"/>
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14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter.

15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). **MA.**

16 Check one box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input checked="" type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
			<input type="checkbox"/> Retail	<input type="checkbox"/> Other (specify)

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
ASSOCIATION OF PARCELS OF LAND UNDER RESTRICTIONS

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes No
If "Yes," write previous EIN here ▶

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee	Designee's name Helen C Costa, Esq. Costa + Associates PA	Designee's telephone number (include area code) (305) 827 0100
	Address and ZIP code 6843 Main Street #302, Miami Lakes, FL 33014	Designee's fax number (include area code) (305) 675-2210
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) 305 883-8881
Name and title (type or print clearly) ▶ RICHARD RAFULS		Applicant's fax number (include area code)
Signature ▶ <i>[Signature]</i>	Date ▶ 9/28/11	