

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

98-99 AR

FILED

98 JUN -7 PM 4:14

SECRETARY OF STATE
 PALM BEACH, FLORIDA

DOCUMENT # N04589

1. Corporation Name
LAKES OF THE MEADOW VILLAGE HOMES CONDOMINIUM NO. FIVE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business Mailing Address
Guarantee Mgmt. Svcs. 111 Fontainebleau Blvd. Miami, FL 33172

REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address. If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address. If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
08/07/1984

5. FEI Number
59-2511960

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	REYES, ZAYDA	15240-G SW 45 TERRACE	MIAMI, FL 33185
STD	ORTEGA, KRISTINE	15215-F SW 45 TERRACE	MIAMI, FL 33185
VPD	NOBOA, ANTHONY	15250-G SW 45 TERRACE	MIAMI, FL 33185

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 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

**SKRLD, INC.
 201 ALHAMBRA CIRCLE
 SUITE #1102
 CORAL GABLES, FL 33134**

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **SKRLD, INC. BY: HELTO DE LA TORRE, PRESIDENT** Date **5-25-99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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 taxes 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)(p), F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Zayda Reyes*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (305) 821-4249

CR2E08-172-98