

From:

05/29/2009 07:31

#524 P.002/003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -4 PM 12:41

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO 4589**

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

100156796231
06/04/09--01046--002 **236.25

2. Principal Office Address - No P.O. Box #
18001 OLD CUTLER RD

3. Mailing Office Address
18001 OLD CUTLER RD

Suite, Apt. #, etc.
521

Suite, Apt. #, etc.
521

City & State
PALMETTO BAY FLORIDA

City & State
PALMETTO BAY FLORIDA

Zip Country
33157 US

Zip Country
33157 US

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

5. FEI Number
592511960

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

REGISTERED AGENT MUST SIGN

Date **5/29/09**

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	GABRIEL CARDENAS	15255 SW 45 TERR (D)	MIAMI FL 33185
DVP	ZAIDA REYES	15240 SW 45 TERR (G)	MIAMI FL 33185
DST	KRISTINE ORTEGA	15245 SW 45 TERR (F)	MIAMI FL 33185
REINSTATEMENT 09 B 6/9/09			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/29/09

Daytime Phone #