

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 JAN 29 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000011248

1. Corporation Name
HIDDEN WATERS CONDOMINIUM ASSOCIATION, INC.

700142295987
10/29/08--01008--016 **35.00

700142295987
01/28/09--01027--016 **201.25

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #
1860 Venice Park Dr

3. Mailing Office Address
1860 Venice Park Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Miami, FL

City & State
North Miami, FL

Zip Country
33181 USA

Zip Country
33181 USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/03/05

5. FEI Number
20-3791224

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
Eisinger Brown Lewis & Frankel, PA

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

4000 Hollywood Blvd., # 265 S

Suite, Apt. #, Etc.

City
Hollywood

State Zip Code
FL 33021

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

Date 01/21/09

REGISTERED AGENT MUST SIGN

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
DI	Alex Yanes	1860 Venice Park Dr. 114	North Miami, FL 33191
DS	Alma Cue	1860 Venice Park Dr. 223	North Miami, FL 33181
DP	Barbara Kelly	3777 NE 163 St, #131	N. Miami Beach, FL 33160
Dir	George Rosu	1860 Venice Park Dr. 207	North Miami, FL 33181

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

1/16/09

305 992 7233

Date Daytime Phone #

AOR