FILED
09 APR 28 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000006815

1. Corporation Name

Arbors of Sendera Condominium Assoc. Inc.
c/o The Continental Group Inc.
385 Douglas Avenue, Suite 3000
Altamonte Springs, FL 327147

400152910534
04/28/09--01004--017 **245.00

**REINSTATEMENT** 09

CR2E081 (12/08)

| 2. Principal Office Address - No P.O. Box# | 3. Mailing Office Address |
|---|---|
| 8815 Hideaway Bay Blvd. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Kissimmee, FL | City & State |
| Zip: 34741 Country: USA | Zip: a Country |

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 20-4128639 [illegible] ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Katzman Garfinkel, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1501 Northwest 49th Street Suite 202

City: Ft. Lauderdale State: FL Zip Code: 33309

☐ 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 4-17-09

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 |
|---|---|---|---|
| PD | Balzola, Carlos | 1414 NW 107 Ave #115 | Miami FL 33172 |
| VPD | Fernandez-Pla, Jorge | 1414 NW 107 Ave #115 | Miami, FL 33172 |
| STD | Gonzalez, Luis | 1414 NW 107 Ave #115 | Miami, FL 33172 |
| | | | |
| | | | |
| | | | |

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: _____ 4-14-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/28

Paid By Check Number: 1002 - Paid Amount: $245.00