

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N06000012941**

**1. Corporation Name**

**MICHLOE VILLAS III CONDOMINIUM ASSOCIATION**

**2. Principal Office Address - No P.O. Box #**

**917 NE 23RD DRIVE**

**3. Mailing Office Address**

**945 SOUTH FEDERAL HIGHWAY**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**MAIN BUILDING**

**City & State**

**WILTON MANOR, FLORIDA**

**City & State**

**DANIA BEACH, FLORIDA**

**Zip**

**33305**

**Country**

**US**

**Zip**

**33004**

**Country**

**US**

**7. Name and Address of Current Registered Agent**

**Name**

**S3 ASSOCIATION MANAGEMENT, LLC**

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

**945 SOUTH FEDERAL HIGHWAY**

**Suite, Apt. #, Etc.**

**MAIN BUILDING**

**City**

**DANIA BEACH**

**State**

**FL**

**Zip Code**

**33004**

**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**

**9-1-09**

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>PD</b>	<b>Hector Estrada</b>	<b>945 SOUTH FEDERAL HIGHWAY</b>	<b>DANIA BEACH, FLA. 33004</b>
<b>STD</b>	<b>Michael Sagaro</b>	<b>945 SOUTH FEDERAL HIGHWAY</b>	<b>DANIA BEACH, FLA. 33004</b>

**REINSTATEMENT**

**RH**

**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:**

**Hector Estrada**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**September 1, 2009 786-378-5836**

**Date**

**Daytime Phone #**

**FILED**

**09 OCT -1 AM 7:31**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**700161236667  
10/01/09--01023--005 \*\*61.50**

**REINSTATEMENT**

**2009**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**12/21/2006**

**5. FEI Number  
26-2283454**

**Applied For  
Not Applicable**

**6.**

**CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

☒ **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.**