

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12984

FILED  
May 28, 2009  
Secretary of State

**Entity Name:** SECOND WEST LAKE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5416 WEST 21ST AVE  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

5416 WEST 21ST AVENUE  
NO.61  
HIALEAH, FL 33016 US

**Current Mailing Address:**

P O BOX 22671  
HIALEAH, FL 33012 US

**New Mailing Address:**

FEI Number: 59-2794067      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BENCOSME, RAFAEL E  
5416 WEST 21ST AVE  
HIALEAH, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RAFAEL E. BENCOSME

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: BENCOSME, RAFAEL E  
Address: 5416 WEST 21ST AVE  
City-St-Zip: HIALEAH, FL 33016

Title: VPDT ( ) Delete  
Name: SORDELLINE, MIREYA  
Address: 2071 WEST 54 TERRACE  
City-St-Zip: HIALEAH, FL 33016

Title: SD ( ) Delete  
Name: BATRES, URIEL  
Address: 5409 WEST 20 LN  
City-St-Zip: HIALEAH, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL E. BENCOSME

DT

05/28/2009

Electronic Signature of Signing Officer or Director

Date