

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 18 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000163787210
12/18/09--01037--012 **848.75

CR2E081 (11/09)

98-09

DOCUMENT # N 17117

1. Corporation Name

Michelle Jardins No.1 Homeowners Association, Inc.

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

5841 W 21st Avenue

3. Mailing Office Address

5841 W 21st Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/1998

5. FEI Number

65-0055824

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

Jairo Alfonso Galeano

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

5841 W 21st Avenue

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33016

☒ 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

Jairo A. Galeano

REGISTERED AGENT MUST SIGN

Date

12/14/09

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
P	Jairo Alfonso Galeano	5841 W 21st Street	Hialeah, FL 33016
T	Olga Sanchez	5981 W 21st Avenue	Hialeah, FL 33016
	<i>12/21</i>		

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Jairo A. Galeano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/09

Date

Daytime Phone #