

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -1 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18202

1. Corporation Name

LANDFAIR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1480 BRICKELL AVE., STE 308
MIAMI FL 33131

1480 BRICKELL AVE., STE 308
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

300 NW 12th Ave.
Suite, Apt. #, etc.
MIAMI, FL

3. New Mailing Office Address, If Applicable

300 NW 12th Ave
Suite, Apt. #, etc.
MIAMI, FL

City & State

City & State

Zip 33128

Country

Zip 33128

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1986

5. FEI Number

59-2824137

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	DOMINGUEZ, AGUSTIN	300 NW 12th Ave. 1480 BRICKELL AVE., STE 308	MIAMI FL 33131 33128
VSD	ANDERSON, EUGENIA MARTORANO, SAL	300 NW 12th Ave. 1480 BRICKELL AVE., STE 308	MIAMI FL 33131 33128
D	SIBLEY, RUSSELL JR.	1480 BRICKELL AVE., STE 308 300 NW 12th Ave.	MIAMI FL 33131 33128

REINSTATEMENT 99 1 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WASHINGTON, LYNN G.
% HOLLAND & KNIGHT LLP
701 BRICKELL AVE., STE 3100
MIAMI FL 33131

Name
SAL MARTORANO
Street Address (P.O. Box Number is Not Acceptable)
300 NW 12th Ave.
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33128

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/28/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SAL MARTORANO

Date

10/28/99 605/324-5505

Daytime Phone #