PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Secretary of State DOCUMENT # N20709 1. Corporation Name MICHELLE JARDINS NO. 2 HOMEOWNERS ASSOCIATION, 1 NC. Principal Place of Business Making Address 15165 NW. 7771 NE. 15165 NW. 7771 NW	ÅPI	PLÎCAT	ION		FLORIDA			IT OF STATE				
1. Corporation Name MICHELLE JARDINS NO. 2 HOMEOWNERS ASSOCIATION, 1 NC. Principal Place of Business Melling Address 1565 NW. 77H AVE SUITE 1002 JUNE 1002 JU	FOR					Katherine Harris Secretary of State			SEPPER FILED			
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MICHELLE JARDINS NO. 2 HOMEOWNERS ASSOCIATION, I NC. Principal Place of Business Mailing Address 15165 NW, 777H AVE. SURE 1002 MAMI F1, 3074 US THOUGH Office Address, IT Applicable T above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, IT Applicable Though Office Address, IT Applicable To De Business in Fioritia O5/19/1987 Suite, Apl. 8, etc. Suite,	, , ,									01 OCT 31	AM O. C.	
1516S N.W. 77TH AVE SURE 1002 SURE 1	MICHELLE JARDINS NO. 2 HOMEOWNERS ASSOCIATION, I										411 3: 2P	
MIAMI FL. 20014 US If above addresses are incorrect in any way, line through incorrect information and enter correction bullow. 2. New Principal Office Address. If Applicable 3. New Mailing Office Address. If Applicable 4. Data Incorporated or Qualified 10. De Bullonses in Florida 10. Data Incorporated or Qualified 10. Data Incorporated or Quali	Principal Place of Business Mailing Address											
If above addresses are incorrect in any way, the through incorrect information and enter correction below. 3. New Menting Office Address, If Applicable and Incorrect information and enter correction below. 4. Date incorporated or Qualified To Do Business in Florida. 5. FEI Number 65-02 18984 Application To Do Business in Florida. 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors). 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors). 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors). 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors). 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors). 8. Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors). 9. Name and Address of City / State / Zp A MIAMI FL 33014 DYS MENENDEZ, JJAN M 15165 N.W. 77TH AVE. MIAMI FL B Name and Address of New Registered Agent Name Address of Current Registere	SUITE :1002 SUITI MIAMI-FL 33014 MIAM					SUITE 1002 MIAMI FL 33014			1.4			
Suite, Apt #, etc. City & State City & Sta						information and enter correction below.			FIN2 I A I FMIFM I O I			
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Zip Country Zip Country Countr							5. FEI Number					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list aleast 3 directors) 7. Names and Street Addresses of Each Officers and/or Directors 7. Name of Officers and/or Directors 8. Name of Officers and/or Directors 9. Name of Officers and/or Director 15165 N.W. 77TH AVE. MIAMI FL 33014 DVS MENENDEZ, JUAN M 15123 N.W. 87TH PL MIAMI FL 33014 DT PANDO, EMILIO 15165 N.W. 77TH AVE. MIAMI FL 33014 DI DI PANDO, EMILIO 15165 N.W. 77TH AVE. MIAMI FL 33014 SUID-10-16-9-4-9-4-9-16-16-16-16-16-16-16-16-16-16-16-16-16-					*				Not Applicable			
Signature of Registered Agent Signature of Registered Agent Registered Agent Signature of Registered Agent Registered	Zip Country			Zip	Country			30./3 Additional Fee required				
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B. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent Name MIAMI CORPORATE SYSTEMS, INC. Street Address (P.O. Box Number is Not Acceptable) 283 Catalonia Avenue Sure 700 MIAMI FL 33128 10. I, being appointed the registered agent on the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date Date	DP .	DP PANDO, DOMINGO					15165 N.W. 77TH AVE.			MIAMI FL 33014		
8. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126 Signature of Registered Agent above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent A	DVS	VS MENENDEZ, JUAN M					15123 N.W. 87TH PL.			MIAMI FL		
8. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. Street Address (P.O. Box Number is Not Acceptable) 283 Catalonia Avenue Suite Agrid Fig. Dor City Coral Gables State Zip Code 33134 10. I, being appointed the registered agent on the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 11. I certify that I am an official or firector 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 filling this reinstatement application, her reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., that all flees 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 indicate	DT	PANDO, EMILIO					15165 N.W. 77TH AVE.			MIAMI FL 33014		
8. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126 Site Address (P.O. Box Number is Not Acceptable) 283 Catalonia Avenue Suite, Agrice Floor City Coral Gables Sitate Zip Code 33134 10. I, being appointed the resistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 11. I certify that I am an officat or firector 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, he 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 indicate in the form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicate	-									6000046949966		
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Street Address (P.O. Box Number is Not Acceptable) 283 Catalonia Avenue Suite, Agridet Ploor City Coral Gables Signature of Registered Agent BEGISTERED AGENT MUST SIGN 10. I, being appointed the reason for director or the receiver or trustee empowered to execute this 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)(1), F.S. The information indicate	MIAMI (CORPORAT	e system:	S. INC.				Miami C	orporate Systems, Inc.			
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR Date Daytime Phone #												