


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 31 AM 9:56

DOCUMENT # **N20709**

1. Corporation Name

MICHELLE JARDINS NO. 2 HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

15165 N.W. 77TH AVE.
 SUITE 1002
 MIAMI-FL 33014
 US

15165 N.W. 77TH AVE.
 SUITE 1002
 MIAMI FL 33014
 US

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



REINSTATEMENT 01

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/19/1987	
City & State		City & State		5. FEI Number	
Zip		Country		65-0218984	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
DP	PANDO, DOMINGO	15165 N.W. 77TH AVE.	MIAMI FL 33014
DVS	MENENDEZ, JUAN M	15123 N.W. 87TH PL.	MIAMI FL
DT	PANDO, EMILIO	15165 N.W. 77TH AVE.	MIAMI FL 33014
			600004694996--6
			-11/27/01--01046--016
			****236.25 ****236.25
			<i>[Signature]</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIAMI CORPORATE SYSTEMS, INC. 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126		Name Miami Corporate Systems, Inc. Street Address (P.O. Box Number is Not Acceptable) 283 Catalonia Avenue Suite, Apt. #, etc. 2nd Floor City Coral Gables State FL Zip Code 33134	
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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]* Date 10/22/01
 REGISTERED AGENT MUST SIGN

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: *[Signature]* Date 10/22/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)