

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **1720709**

1. Corporation Name  
**Michelle Jardins No. 2 Homeowners Association, Inc.**

2. Principal Office Address  
**15165 N.W. 77th Avenue**

3. Mailing Office Address  
**15165 N.W. 77th Avenue**

Suite, Apt. #, etc.  
**Suite 1002**

Suite, Apt. #, etc.  
**Suite 1002**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip Country  
**33014 US**

Zip Country  
**33014 US**

4. Date Incorporated or Qualified  
To Do Business in Florida **May 19, 1987**

5. FEI Number **65-0218984**  
Applied For   
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

DUUUU9177320  
11/22/02--01092--026 \*\*236.25

**7. Name and Address of Current Registered Agent**

Name  
**Miami Corporate Systems, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**283 Catalonia Avenue**

Suite, Apt. #, Etc.  
**Second Floor**

City  
**Coral Gables**

State Zip Code  
**FL 33134**

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

*[Handwritten Signature]*  
**REGISTERED AGENT MUST SIGN**

Date **11/5/02**

**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
DP	Pando, Domingo	15165 N.W. 77th Avenue	Miami, FL 33014
DVS	Menendez, Juan M.	15123 N.W. 87th Place	Miami, FL
DT	Pando, Emilio	15165 N.W. 77th Avenue	Miami, Florida 33014

**REINSTATEMENT 02**

10. 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)