

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 JUN 15 A 9:26

SECRETARY OF STATE
TALLAHASSEE, FL 32304

DOCUMENT # N26950

1. Corporation Name

Lakes of the Meadow Village Homes Condominium
Condominium No. Nine Maintenance
Association Inc

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

9360 S.W. 72 Street

3. Mailing Office Address

9360 S.W. 72 Street

Suite, Apt. #, etc.

225

Suite, Apt. #, etc.

225

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33173

Country

Zip

33173

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1988

5. FEI Number

650071315

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

Ralph Rocheteau

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

9360 S.W. 72 Street

Suite, Apt. #, Etc.

225

City

Miami

State

FL

Zip Code

33173

☐ 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

Ralph Rocheteau

Date June 3, 2009

REGISTERED AGENT MUST SIGN

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	William E. Aylsworth	12307 S.W. 143 Rd Ln	Miami, Florida 33185
DST	Lilliam Manito	15065 S.W. 49 Ln # F	Miami, Florida 33185
VP	Hugo Rodriguez	14990 S.W. 49 Ln # B	Miami, Florida 33185

REINSTATEMENT

2009

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 contained in Chapter 119, 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:

William E. Aylsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/03/09
Date

(305) 402-1500
Daytime Phone #