

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 26 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28625

1. Corporation Name

Sunset Oaks Property Owners Association, Inc.

REINSTATEMENT

06-07

CR2E081 (1/07)

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

9260 Sunset Drive

3. Mailing Office Address

9260 Sunset Drive

Suite, Apt. #, etc.

Suite 119

Suite, Apt. #, etc.

Suite 119

City & State

Miami, FL

City & State

Miami, FL

Zip

33173

Country

USA

Zip

33173

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1988

5. FEI Number

650097476

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
Eduardo E. Pozo

Street Address (P.O. Box Number is Not Acceptable)
9260 Sunset Drive

Suite, Apt. #, Etc.
Suite 119

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

Date 11/21/07

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
PD	Eduardo E. Pozo	9260 Sunset Drive, Suite 119	Miami, FL 33173
VSD	Jaime A. Pozo	9260 Sunset Drive, Suite 119	Miami, FL 33173
TD	Carlos Ruga	9240 Sunset Drive, Suite 100	Miami, FL 33173

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/07

Date

305-491-9984

Daytime Phone #

11/29/07