PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE
APPROVED AND FILED
1997 JAN -6 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT #
Lancaster Estates at Lakes of the Meadow Maintenance Association, Inc.
4450 SW 152nd Avenue
Miami, FL 33185

N 31707

W91-26314

2. If Address in Block 1 is incorrect or lacking, enter the correct address below:
Address
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:
Address
City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
4/13/89	65-0205280	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.D	JOE ACOSTA	4450 SW 152 AVENUE.	Miami, FL 33185
V.P.D	JULIO MESA	4450 SW 152 AVENUE	Miami, FL 33185
S/T D	SERGIO VEGA	4450 SW 152 AVENUE	Miami, FL 33185

REINSTATEMENT 93 97 10/97

800002049508--3
-01/07/97--01179--001
****420.00 ****420.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office
Name
MICHAEL HYMAN, ESQ.
Street Address (Do NOT Use P.O. Box Number)
44 WEST FLAGLER STREET, 14TH FLOOR
Street Address (Do NOT Use P.O. Box Number)
800002049508--3
City
MIAMI,
-01/07/97--01179--002
****61.25 ****61.25

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
REGISTERED AGENT MUST SIGN
Date Dec. 6, 1996

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director
Date 12/9/96
Daytime Phone # 223-2985