


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 9:55

DOCUMENT # **N32580**

1. Corporation Name
FIRST ADDITION TO ALAMEDA JARDINS PUD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15165 NW 77TH AVE SUITE 1002 MIAMI FL 33014 US	15165 NW 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
		05/26/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number
		65-0268362
City & State	City & State	Applied For
		Not Applicable
Zip	Country	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
PD	PANDO, DOMINGO	15165 NW 77TH AVE SUITE 1002	MIAMI FL 33014
VSD	MENENDEZ, JUAN	15123 NW 87 PLACE	MIAMI FL 33018
DT	PANDO, EMILIO	15165 NW 77TH AVE SUITE 1002	MIAMI FL 33014

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8. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS
 5200 BLUE LAGOON DRIVE
 SUITE 700
 MIAMI FL 33126

9. Name and Address of New Registered Agent

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

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]* **ASSIS V.P.** 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]* **10/22/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/01)