

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.

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

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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

9. Name and Address of New Registered Agent

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

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

REGISTERED AGENT MUST SIGN

Date

10/22/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/01

CR2040 (8/01)