

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 14 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36363

1. Corporation Name

Dadeland Forest Estates Maintenance Association, Inc.

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

9031 SW 92nd Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33176

Country

USA

3. Mailing Office Address

9031 SW 92nd Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1990

5. FEI Number

650227292

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

Sharon S. Lutz

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

9031 SW 92nd Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

☒ 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

Sharon S. Lutz

REGISTERED AGENT MUST SIGN

Date 07/09/2008

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
P/S/D	Sharon S. Lutz	9031 SW 92nd Court	Miami, FL 33176
V/D	Iris Sturz	9000 SW 92nd Court	Miami, FL 33176
T/D	Ivette Irizarry	9061 SW 92nd Court	Miami, FL 33176

900132886279
07/14/08--01046--002 **183.75

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:

Sharon S. Lutz

Sharon S. Lutz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/09/2008

Date

305-275-9334

Daytime Phone #