

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NA30000003398

1. Corporation Name

DE Garmo Estates Homeowner's
Association, Inc

Principal Place of Business

Mailing Address

50 AUG -2 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500002950565--3

-08/04/99--01074--014

****358.75 ****358.75

REINSTATEMENT 97-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

236 Valencia

Suite, Apt. #, etc.

City & State

Coral Gables, FL

33134

Country

US

3. New Mailing Office Address, If Applicable

236 Valencia

Suite, Apt. #, etc.

City & State

Coral Gables, FL

33134

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0564721

Applied For

Not Applicable

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)

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
P.D.	Carlos E. Silva	3701 DeGarmo Lane	Miami, FL 33133
VP/D	Oswaldo Carrillo	3740 DeGarmo Lane	Miami, FL 33133
Sec. Tr. Direct.	Norma Lemberga	3700 DeGarmo Lane	Miami, FL 33133

8. Name and Address of Current Registered Agent

Ronald Rover
3138 Commodore Plaza
Miami, FL 33133

9. Name and Address of New Registered Agent

Name: Gonzalo R. Dorta, ESQ
Street Address (P.O. Box Number is Not Acceptable):
334 Minoreca Avenue
Suite, Apt. #, Etc.
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

7/27/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

Carlos Silva, President/Director

7/27/99

Date

Daytime Phone #

305-445-0011