

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 MAY 12 AM 9:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N9400002825

1. Corporation Name  
**Association of Homeowner's At Oak Ridge Estates, Inc.**

Principal Place of Business	Mailing Address
9657 S.W. 124 Street Miami, Florida 33176	9657 S.W. 124 Street Miami, Florida 33176

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**REINSTATEMENT**

*95-99  
 7/10  
 5/12/99*

4. Date Incorporated or Qualified To Do Business in Florida <b>06-07-1994</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number	
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
S P/D	Aimee Davis	9657 S.W. 124 Street	Miami, Florida 33176
D	Miriam Sotolongo	9657 S.W. 124 Street	Miami, Florida 33176
X/T/D	Ibrahim Gonzalez	9657 S.W. 124 Street	Miami, Florida 33176
			500002886025--7 -05/25/99--01073--015 ****481.25 ****481.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name <b>Jose A. Bolanos</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2121 Ponce de Leon Blvd.</b>	
Suite, Apt. #, Etc. <b>Suite 600</b>	
City <b>Coral Gables</b>	State <b>FL</b> Zip Code <b>33134</b>

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: *Jose A. Bolanos* REGISTERED AGENT MUST SIGN Date: *April 24/1999*

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: *Jose A. Bolanos* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: **305-235-5689**

CPE08 (12-98)