

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005544**

1. Corporation Name

KENDALLWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**8200 SW 91 AVE
MIAMI FL 33173-4132**

Mailing Address

**9060 SW 82 ST
MIAMI FL 33173-4132**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1994

5. FEI Number

65-0442999

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CASSELLANO, CARLOS DEVINE, STACEY	8200 S.W. 91ST AVENUE	MIAMI FL 33173
VD	VALDES, ALEIDA	8200 S.W. 91ST AVENUE	MIAMI FL 33173
TD	SUAREZ, BENIGNO	8200 S.W. 91ST AVENUE	MIAMI FL
SD	CEREJO, TERESA	8200 SW 91 AVE	MIAMI FL 33173
D	DEVINE, STACEY	8200 SW 91 AVE	MIAMI FL 33173

8. Name and Address of Current Registered Agent

~~SUAREZ, BENIGO~~
**9060 SW 82 AVE
MIAMI FL 33173-4132**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/22/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 (305) 79-7052