

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 24 AM 11:44

DOCUMENT # N94000005544

1. Corporation Name

Kendallwood Homeowners Association, Inc

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

8200 SW 91 Ave

3. Mailing Office Address

9060 SW 82 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FI

City & State

Miami, FI

Zip

33173

Country

Zip

33173

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/93

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. Name and Address of Current Registered Agent

Name
Benigno Suarez

Street Address (P.O. Box Number is Not Acceptable)
9060 SW 82 St

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33173

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

Date 03/20/2009

REGISTERED AGENT MUST SIGN

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
PD	Stacey Devine	8200 SW 91 Ave	Miami, FI 33173-4132
TD	Benigno Suarez	8200 SW 91 Ave	Miami, FI 33173-4132
VD	Aleida Valdes	8200 SW 91 Ave	Miami, FI 33173-4132
SD	Teresa Cereijo	8200 SW 91 Ave	Miami, FI 33173-4132
<p>RECEIVED 3/24/09 REINSTATEMENT 04-09</p>			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/2009

Date

305-274-3152

Daytime Phone #