

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


03 JUL 25 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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08/05/03--01066--032 \*\*236.25

REINSTATEMENT 02-03

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001150

1. Corporation Name  
The Landing's at Forest lakes Homeowners' Association, Inc.

2. Principal Office Address  
13250 SW 135 Avenue

3. Mailing Office Address  
13250 SW 135 Avenue

Suite, Apt. #, etc.

City & State  
Miami, FL

Zip Country  
33186 USA

4. Date Incorporated or Qualified To Do Business in Florida  
02/28/1996

5. FEI Number  
65-0849905

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  
Becker & Poliakoff, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
5201 Blue Lagoon Drive

Suite, Apt. #, Etc.  
Suite #100

City  
Miami

State  
FL

Zip Code  
33126

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 *[Signature]* for Becker + Poliakoff PA Date 7/21/03

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
P/D	Steve Al-Jaroudi	16236 SW 100 Terrace	Miami, FL 33196
VP/D	Braulio Suarez	9962 SW 162 Court	Miami, FL 33196
S/T/D	Arturo Ramos	10073 SW 163 Court	Miami, FL 33196

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 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]* 7/21/03 (305) 373-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)