

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 26 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N9600000 3178**

1. Corporation Name

**Leafy Way Homeowner's
Association, Inc.**

2. Principal Office Address

3965 Leafy Way
Suite, Apt. #, etc.

3. Mailing Office Address

3965 Leafy Way
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33133

Country

USA

Zip

33133

Country

USA

REINSTATEMENT 01-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/13/1996

5. FEI Number

650748268

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

James M. Hawkins

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

3965 Leafy Way

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

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**

REGISTERED AGENT MUST SIGN

Date 5/12/04

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
Pres	James M. Hawkins	3965 Leafy Way	Miami, FL 33133
Dir	Phil Glatstein	3939 Leafy Way	Miami, FL 33133
VP	Richard Fendelman	3842 Leafy Way	Miami, FL 33133
Dir			
Sec-Treas			
Dir			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/04

Date

305-790-6560

Daytime Phone #

CR2E081 (01/04)