

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



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

FILED

02 NOV 19 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004302

1. Corporation Name

THE VILLAGE ON THE LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6489 SUNSET DRIVE
SOUTH MIAMI FL 33143
US

Mailing Address

6489 SUNSET DRIVE
SOUTH MIAMI FL 33143
US



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

08/16/1996

5. FEI Number

65-0760084

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VSTD	FINE, MARTIN ESQUIRE	701 BRICKELL AVENUE, 30TH FLOOR	MIAMI FL 33131
PD	GOULD, GERALD M	6489 SUNSET DRIVE	SOUTH MIAMI FL 33143
D	SMITH, EMANUEL J	6478 SUNSET DRIVE	SOUTH MIAMI FL 33143

500009057735
11/19/02--01011--001 **61.25

8. Name and Address of Current Registered Agent

GOULD, GERALD M
6489 SUNSET DRIVE
SOUTH MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State / Zip Code

FL

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

Sign & Date

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/14/02

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:

Sign & Date

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14/02 x305-663-9044

CR2E040 (8/02)

2012

*VILLAGE ON THE LAKES
HOMEOWNERS ASSOCIATION
6489 Sunset Drive
South Miami, FL 33143*

November 14, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that we did not received the two prior uniform business report notices, therefore enclosed you will find a check in the amount of \$61.25.

Should you have any questions regarding the above, don't hesitate to contact me at (305) 663-9044.

Sincerely,

VILLAGE ON THE LAKES
HOMEOWNERS ASSOCIATION, INC.


Gerald H. Gould *Per.*