

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 NOV 25 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N96000004302**

1. Corporation Name

The Village on the Lakes Homeowners Association

500138266105  
11/25/08--01033--011 \*\*420.00  
**REINSTATEMENT** 05-08

2. Principal Office Address - No P.O. Box #  
6489 Sunset Drive

3. Mailing Office Address  
6489 Sunset Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
South Miami, Florida

City & State  
South Miami, Florida

Zip  
33143

Country

Zip  
33143

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. Name and Address of Current Registered Agent**

Name  
Gerald M. Gould

Street Address (P.O. Box Number is Not Acceptable)  
6489 Sunset Drive

Suite, Apt. #, Etc.

City  
South Miami, Florida

State  
FL

Zip Code  
33143

☐ 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

REGISTERED AGENT MUST SIGN

Date 11/20/08

**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
VSTD	Martin Fine, Esquire	701 Brickell Ave., 30th Floor	Miami, FL 33131
PD	Gerald M. Gould	6489 Sunset Drive	South Miami, FL 33143
D	Emanuel J. Smith	6478 Sunset Drive	South Miami, FL 33143

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

Date

Daytime Phone #

11/26/08