

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -5 PM 12:22

DOCUMENT # N97000000402

1. Corporation Name

THE GROVES AT KENDALE LAKES CONDOMINIUM
ASSOCIATION, INC.

2. Principal Office Address

307 South 21st Avenue

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33020

Country

U.S.A.

3. Mailing Office Address

307 South 21st Avenue

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33020

Country

U.S.A.

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1997

5. FEI Number

65-0072891

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

Gary Korn, Esquire of Leopold, Korn & Leopold, P.A.

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

20801 Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 501

City

Aventura

State

FL

Zip Code

33180

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

10/01/01

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 | Serafin Garcia | 307 South 21st Avenue | Hollywood, FL 33020 |
| V/T/D | Harvey Birdman | 307 South 21st Avenue | Hollywood, FL 33020 |
| V/S/D | Herbert Hirsch | 307 South 21st Avenue | Hollywood, FL 33020 |
| | | | |
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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

Harvey Birdman, Vice President, Treasurer and Director

10/01/01

Date

954-922-6070

Daytime Phone #

CR2E081 (9/00)