

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 16 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000220

1. Corporation Name
Mariposa AT Monarch Lakes
Homeowners' Association, Inc.

2. Principal Office Address The Continental Group Suite, Apt. #, etc. 3000 N. 28 th Terrace City & State Hollywood, FL Zip 33020 Country		3. Mailing Office Address The Continental Group Suite, Apt. #, etc. 3000 N. 28 th Terrace City & State Hollywood, FL Zip 33020 Country	
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REINSTATEMENT 04-05
1/10/05 01033 012 \$236.25

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number 65-0915864	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name BAKALAR & EICHNER P.A.	600044408836 03/02/05--01007--013 **10.00
Street Address (P.O. Box Number is Not Acceptable) 150 SOUTH PINE ISLAND Rd. Suite, Apt. #, Etc. 504	600044408836 01/10/05--01033--012 **236.25
City PLANTATION	State FL Zip Code 33324

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] Date 12/16/04
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.	Osmel Delgado	2605 SW 133 Ave	Miramar, FL 33027
V	Nancy Hopwood	13388 SW 28 St	Miramar, FL 33027
T	Anna Vazquez	13369 SW 28 St	Miramar, FL 33027
S	Lowell Potier	2737 SW 133 Ave	Miramar, FL 33027
D	Rudy Ackerman	13318 SW 28 St	Miramar, FL 33027

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] Date 12/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #