PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 AUG 20 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000002139**

1. Corporation Name
MIAMI GARDENS HOMEOWNERS ASSOCIATION, INC.

REINSTATEMENT 00-02

2. Principal Office Address	3. Mailing Office Address
%HENDRIKA BOWSER	%HENDRIKA BOWSER
Suite, Apt. #, etc.: 5761 S.W. 40 COURT	Suite, Apt. #, etc.: 5761 S.W. 40 COURT
City & State: HOLLYWOOD FL 33023	City & State: HOLLYWOOD FL 33023
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/14/1998

5. FEI Number: 65-0895791 ☐ 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: HENDRIKA BOWSER

Street Address (P.O. Box Number is Not Acceptable): 5761 S.W. 40 COURT

Suite, Apt. #, Etc.:

400007295394--2
-08/23/02--01007--002
***367.50 ***367.50

City: HOLLYWOOD State: FL Zip Code: 33023

CR2E081 (9/01)

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: Hendrika Bowser Date: 8-16-2002.
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
PD	Laura Driver	15 Miami Gardens Road	Hollywood, Fl. 33023
VPD	William Moritz	111 Ronald Road	Hollywood, Fl. 33023
SD	HENDRIKA BOWSER	5761 S.W. 40 COURT	HOLLYWOOD FL 33023

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.

954-989-0339

SIGNATURE: Laura A Driver LAURA DRIVER 8/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jl 8/20/02