

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 22 AM 8:01

DOCUMENT # N 99000003848

1. Corporation Name

The Park at Tanglewood Lakes HOA
c/o Astro Property Management

2. Principal Office Address

7154 N. University Dr

3. Mailing Office Address

7154 N. University Dr

Suite, Apt. #, etc.

#213

Suite, Apt. #, etc.

#213

City & State

TAMARAC FL

City & State

TAMARAC FL

Zip

33321

Country

Zip

33321

Country

REINSTATEMENT

00-02

4. Date Incorporated or Qualified
To Do Business in Florida

8/26/1994

5. FEI Number

65-0340353

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Cheryl Levin P.A.

600008526106

10/22/02--01111--021 **318.75

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

4644 NW 103rd AVENUE

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

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

Cheryl J. Levin

Cheryl J. Levin, Esq

Date

10/17/02

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.	Mr Robert Duarte	9570 SW 3rd Court	Pembroke Pines FL 33025
V.P.	Mr. Eugene Ladoo	301 SW 95th Terr	" " " "
D.	Lizayda Rodriguez	9581 SW 3rd Court	" " " "
S.T.	Michelle Lampman	281 SW 95th Terr	" " " "
D.	Raphael Odio	261 SW 95th Terr	" " " "

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:

Robert Duarte

10-17-02

954-538-1565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02