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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 APR 17 AM 9:52


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600150949276

04/17/09--01037--004 **1058.75

REINSTATEMENT 07-09

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000091580

1. Corporation Name

MARINA LAKES DEVELOPMENT, INC

2. Principal Office Address - No P.O. Box #

4960 SW 72ND AVE

3. Mailing Office Address

4960 SW 72ND AVE

Suite, Apt. #, etc.

SUITE 308

Suite, Apt. #, etc

SUITE 308

City & State

MIAMI

City & State

MIAMI

Zip

33155

Country

USA

Zip

33155

Country

USA

7. Name and Address of Current Registered Agent

Name

OFELIA ALVAREZ

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

4960 SW 72ND AVE

Suite, Apt. #, Etc.

SUITE 308

City

MIAMI

State

FL

Zip Code

33155

4. Date Incorporated or Qualified
To Do Business in Florida

7/11/2006

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

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
D	JOSE J.ARMAS	225 ARVIDA PARKWAY	CORAL GABLES, FL 33155

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 #

4/14/09 (305) 661-1161

4/20/09

**EIN Assistant**

Your Progress:

1. Identity

2. Authenticate

3. Addresses

4. Details

5. EIN C

Congratulations! Your EIN has been successfully assigned.EIN Assigned: **26-4667922**Legal Name: **MARINA LAKES DEVELOPEMENT**

Your confirmation letter will be mailed to you. This letter will be your official IRS notice and will contain important information regarding your EIN. Allow up to 4 weeks for your letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using your new EIN.

[Continue >>](#)**Help Topics**

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