#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### **APPLICATION** FOR REINSTATEMENT



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

730191 DOCUMENT #

1. Corporation Name

RACQUET CLUB ESTATES, INC

Principal Place of Business

Mailing Address

PO BOX 565820 MIAMI-FI- 23256-7423 PO-BOX 585820 MIAMLEL 22356-7423

FILED 03 OCT 31 AM 9: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA

	••••			R	einsi	Alemeni	5	3	
f above	addresses are incorrect in any way, line th	rough incorrect in	formation and enter	correction below.				,-	
2. New Principal Office Address, If Applicable 3. New Mailir 8630 S.W 94 \$\frac{1}{2}\$			ng Office Address, If Applicable  4. Date Inco			orporated or Qualified siness in Florida 07/12/1974			
Suite, Apt.	. #, etc.	Suite, Apt. #,	etc.		5. FEI Number	<del></del>	12, 10,	(	
		City & State	City & State		59-1885218		Applied For Not Applicable		
7in	156 Country	3315		у	6. CERTIFICATE	OF STATUS DESIRED 6	75 Addition	onal Fee required ficate of Status	
7. Names	and Street Addresses of Each Officer and	l/or Director (Flo	rida nonprofit corpora	ations must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors			eet Address of Each ficer and/or Director		City / St	ate / Zip		
-0	CANTOR, HINDA	8640 SW 94 ST			MIAMI FL 33156				
4	STANL JACK	8610 S W 94TH ST			MIAMI FL 33156				
4	CONNEC, JIM		8630 S.W. 94TH	ST.		MIAMI, FL 33156			
-BV	BONNER, BARBARA		8530 SW 94TH ST			MIAMI FK 33156			
<b>P</b>	RADOWS, BARBARIA		8516 SW 94 ST.	· · · · · · · · · · · · · · · · · · ·		MIAMI FL 33156			
<u>م</u>	BLAMO, GIOVANI		8646 SW 94TH ST			MIAMI FL 33156			
	8. Name and Address of Current	Registered Age	nt	9. Name and Address of New Registered Agent					
CONN	ELL, JIM			Name	O Roy Number	ic Not Acceptable)			
8630	S.W. 94TH ST.			Street Address (F		Not Acceptable)4373	38 .		
MIAMI FL 33156				Suite, Apt. #, Etc. 10/31/95 - 01.10/3 - 01.00 - ***) 12"3				<u> </u>	
				City		State FL	Zip Co	de	
Signature	g appointed the registered agent of the ab	ove named corpo	oration, am familiar w	ith and accept the ol	oligations of Secti	on 607.0505, F.S. or 617.050.	•	2	
Registered		EGISTERED AG	ENT MUST SIGN	·		Date // /10		7	
	_/								

PARBARA R. BONNER 305-596-1694
ER OR DIRECTOR

10 - Date 8-03 Daytime Phone #

11. 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.

## TRUCTIONS BEFORE COMPLETING I

	PLEASE READ			COMPLETING THIS FO	PRM.
APPLIC	ATION (ATION	FLORIDA DEPARTM			
, FO	R	Glenda E. Secretary of			
REINSTA	TEMENT	DIVISION OF CORP		]	
DOCUME  1. Corporation Nam	, 00 10	1			
RACQUET (	CLUB ESTATES, IN	С	4	,	
Principal Place of B	usiness	Mailing Address			010al N1931 9a0(1 h1931 4a02) handi 100
PO BOX 565820 MIAMI FL 33256-7423		PO BOX 565820 MIAMI FL 38256-7423			
		ough incorrect information and en			· · · · · · · · · · · · · · · · · · ·
	ffice Address, If Applicable	3. New Mailing Office Address, If Applicable		A. Date Incorporated or Qualified To Do Business in Florida	07/12/1974
Suite, Apt. #, etc.		Suite, Apt. #, etc.	/	5. FEI Number ,	Applied F
	V	City & State		59-1885218	Not Applic
Zip	Country	EU L	"\J \ 	CHITIFICATE OF STATUS DESIRED	S8.75 Additional Fee ra
	et Addresses of Each Officer and/ Name of Officers		oration musicust at least Street Address of Each	h	Dis. 104-4-77
Title(s) 2	and/or Directors	3	Officer and/or Director	<u>r</u> 4	City / State / Zip
Pres.	Bonner, Barbara	8530	SW 94 St	Miami, Fl	33156
Sec.	Rubin, Valerie	8540	SW 94 St	Miami, Fl	33156
Dir.	Tarjan, Susanna	8526	SW 94 St	Miami, Fl	33156
Dir.	Laidlaw, Della	8546	5 SW 94 St	Miami, Fl	33156
Dir.	Raduns, Barbara	8516	SW 94 St	Miami, Fl	33156
Dir.	Bland, Giovanni	8646	SW 94 St	Miami, Fl	33156
	Name and Address of Current	Pagistored A voot		9. Name and Address of New Regi	stored Aspert
	The second secon		Name	o. Ramo and Address of New York	
CONNELL, JIN 8630 S.W. 947			Street Address (	P.O. Box Number is Not Acceptable)	
MIAMI FL 3315			Suite, Apt. #, Etc	. 4:	
			City		State Zip Code
10. I, being appoint	ed the registered agent of the abo	ve named corporation, am familiar	with and accept the o	bligations of Section 607,0805, F.S. or 6	<del></del>
٠					
Signature of Registered Agent		/		Date	
·		GISTERED AGENT MUST SIGN		<u> </u>	
this reinstatement owed by the con	if application, the reason for disso poration have been paid and the i	lution has been eliminated, the co	rporate name satisfies form do not quality for	provided for in chapter 607 or 617, F.S. in the requirements of section 607.0401 of an exemption under section 119.07(3)(in oath.	r 617.0401, F.S., that all fee
SIGNATURE:		NTED NAME OF SIGNING OFFICER O	<u> </u>	Date	Daytime Phone #

# RACQUET CLUB ESTATES, INC. HOMEOWNERS ASSOCIATION

October 27, 2003

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314-6327

Dear Sir or Madam:

This is to inform you that the Racquet Club Estates Homeowners Association did not receive the 2003 notice for registration as a not-for-profit corporation.

As per your instructions we are including an updated list of officers of the Board, and a check for \$61.25. Please consider the address of property manager James Connell at the address below, to be the appropriate address of record for the future.

Sincerely,

Valerie K. Rubin

∃Secretary

Board of Directors

Racquet Club Estates Homeowners Assn.