

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 23 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734854

1. Corporation Name

GOLF RIDGE VILLA CONDOMINIUM UNIT C, INC.

2. Principal Office Address
20380 N.W. 7th Ave

3. Mailing Office Address
20380 N.W. 7th Ave

Suite, Apt. #, etc.
#204

Suite, Apt. #, etc.
#204

City & State
Miami, Fla

City & State
Miami, Fla

Zip Country
33169 United State

Zip Country
33169 United State

REINSTATEMENT 01-03
27-1976

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
591699696

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
Foley, Mae Frances

Street Address (P.O. Box Number is Not Acceptable)
20380 N.W. 7th Ave

900019850779
05/23/03--01086--009 **353 75

Suite, Apt. #, Etc.
204

City
Miami

State Zip Code
FL 33169

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

Mae J. Foley

REGISTERED AGENT MUST SIGN

Date 5-18-2003

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.	Fullerton, Ervin	20380 N.W. 7th Ave	Miami, Fla 33169
V.P.	Wilcox, Tumia	20380 N.W. 7th Ave	Miami, Fla 33169
S/T	Foley, Mae F.	20380 N.W. 7th Ave	Miami, Fla 33169

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: *Ervin Fullerton* 5/18/2003 305-653-1792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)