PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR '00 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN 14 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743765

1. Corporation Name
Country Club of Miami Fairway Villas S/1 B/3 Assn, Inc.

Principal Place of Business
P.O. Box 170304
MIA, FL 33017

Mailing Address

REINSTATEMENT 95-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/19/1977

5. FEI Number: 59-1748162 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES P	JUAN CARLOS ALJURE D	19216 E LAKE DR MIA FL 33015	MIA, FL 33015
VICE V PRES	MICHAEL FRISSORA D	19201 W. LAKE DR	MIA, FL 33015
SEC. S	OSCAR ZAPATA D	19111 W. LAKE DR	MIA, FL 33015

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8. Name and Address of Current Registered Agent
IAN H. [redacted] GRAHAM
16130 Ventura Blvd, St. 100
Encino, Ca 91416,0084

9. Name and Address of New Registered Agent
Name: JUAN CARLOS ALJURE
Street Address (P.O. Box Number is Not Acceptable): 19216 E. Lake dr
Suite, Apt. #, Etc.: [redacted]
City: MIAMI State: FL Zip Code: 33015

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [redacted] C Aljure
REGISTERED AGENT MUST SIGN
Date: 11/22/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: C Aljure Juan Carlos Aljure 11/22/97 305-829-2481 305-544-3114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #