PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -2 AM 9:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764768

1. Corporation Name

Country Club Gardens Homeowners Association, Inc.

REINSTATEMENT 00-03

2. Principal Office Address	**3.** Mailing Office Address
19500 East Cypress Court	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Same
Zip: 33015 / Country: USA	Zip: Same / Country: Same

4. Date Incorporated or Qualified To Do Business in Florida: 08/31/1982

5. FEI Number: 592323827 ☐ 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: Walter A. Añón, Esquire

400025156214
12/02/03--01028--020 **428.75

428.75

Street Address (P.O. Box Number is Not Acceptable): 7975 Northwest 155 Street

Suite, Apt. #, Etc.: Suite A

City: Miami Lakes | State: FL | Zip Code: 33016

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 _____ Date 11/12/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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/D	Gerri Burt	19561 Cypress Court	Miami, Florida 33015
V/D	Everado Branford	19637 E. Cypress Court	Miami, Florida 33015
S	Marion Cunningham	19740 Cypress Court	Miami, Florida 33015
T	Kathy Aycock	19520 Cypress Court	Miami, Florida 33015
D	Gary Love	19700 Cypress Court	Miami, Florida 33015

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: Gerri Burt 11/10/03 305-620-2939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #