


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 16 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768228

1. Corporation Name

MONTEREY HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

865 N.E. 209th Street

3. Mailing Office Address

865 N.E. 209th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33179

Country

MIAMI-DADE

Zip

33179

Country

MIAMI-DADE

REINSTATEMENT 01-02-03

4. Date Incorporated or Qualified To Do Business in Florida

May 2, 1983

5. FEI Number

592378210

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

MARY MOLNAR

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

865 N.E. 209th Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33179

3000215870-43

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*358.75

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

Mary Molnar

REGISTERED AGENT MUST SIGN

Date 7-10-03

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,	NEAL SOLAWAY	841 N.E. 207 Lane, #201	Miami, FL 33179
VP	BARBARA ISHAM	862 N.E. 209 St., #206	Miami, FL 33179
S	SANDRA LEWIS	20815 N.E. 8 Ct, #102	Miami, FL 33179
T	JON BUTCHER	821 N.E. 207 Lane, #101	Miami, FL 33179
D	RICHARD SCHELLBACH	925 N.E. 209 St., #104	Miami, FL 33179

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 118.07(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:

Neal Solaway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEAL SOLAWAY

7-10-03

Date

305-654-4474

Daytime Phone #

JK 7/16