

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 13 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 771289

1. Corporation Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "9" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O D C I
2901 SIMMS ST
HOLLYWOOD FL 33020
US

C/O D. C. I.
2901 SIMMS ST.
HOLLYWOOD FL 33020
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



3/11/99 90146 005 \$61.25

4. Date Incorporated or Qualified To Do Business in Florida

11/15/1983

5. FEI Number

59-2378230

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	4 City / State / Zip
PD	GELLER, STAN	781 N.E. 199 ST.	MIAMI FL
DS	WILSON, ALICE	781 N.E. 199TH ST.	MIAMI FL
SAFRA, HARRIS		781 N.E. 199TH ST.	MIAMI FL

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEYROWITZ, ANDREW
C/O D. C. I.
2901 SIMMS ST.
HOLLYWOOD FL 33020

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]

Date

3/27/00

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-00
Date

305-653-4308
Daytime Phone #

CR2040 (8/99)