

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 APR -3 PM 4:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N00000008237**

1. Corporation Name

SOUTHRIDGE I & II RESIDENT COUNCIL, INC.

Principal Place of Business

Mailing Address

11246 SW 191 LANE
 MIAMI FL 33157

11246 SW 191 LANE
 MIAMI FL 33157



0102 Jm

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

4. Date Incorporated or Qualified To Do Business in Florida

12/13/2000

Suite, Apt. #, etc.
11302 SW 190 Street

Suite, Apt. #, etc.
11302 SW 190 Street

5. FEI Number

65-0168443

Applied For

Not Applicable

City & State
Miami Florida

City & State
Miami, Florida

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip
33157

Country
Dade

Zip
33157

Country
Dade

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D.	Diane Strozier	11302 SW 190 Street	Miami, Florida 33157
P.O.	Georgia Dixon	11318 SW 190 Lane	miami Fla 33157
D.	mildred Munique	11344 SW 190 Lane	miami Fla 33157
D.	Louis carrero	11344 SW 190 Lane	miami Fla 33157
R.S.	Yotanda Jones		
R.S.	Veyonda Jones	11268 SW 190 lane	Miami, Fl 33157

8. Name and Address of Current Registered Agent

STROZIER, DIANA
 11246 SW 191 LANE
 MIAMI FL 33157

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
400005431324--8
 Suite, Apt. #, Etc.
-05/02/02--01040--026
 City
 State
FL
 Zip Code
******297.50 ****297.50**

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

Diane Strozier

REGISTERED AGENT MUST SIGN

Date

3-2-2002

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)(l), 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:

Diane Strozier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-2002 (305) 969-1210

CR2E040 (8/01)