

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000003026**

1. Corporation Name

DORAL ISLES RESIDENTS ASSOCIATION, INC.

Principal Place of Business

8300 NW 53 STREET
#300
MIAMI FL 33166

Mailing Address

8300 NW 53 STREET
#300
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/2001

5. FEI Number

65-1108595

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

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
TDD	VAN NAME, ROBERT	11381 NW 64 TERRACE	MIAMI FL 33178
D	ISRAEL, DEBBIE	6771 NW 111 AVE	MIAMI FL 33178
D	BERMUDEZ, JUAN CARLOS	8300 NW 53 ST #300	MIAMI FL 33166
D	RUIZ, SANDRA	6812 NW 113 COURT	MIAMI FL 33178
			800024517658 11/07/03--01079--021 **61.25
			800024517658 11/07/03--01079--022 **175.00

8. Name and Address of Current Registered Agent

BERMUDEZ, JUAN CARLOS
8300 NW 53 STREET
#300
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/5/03

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.

SIGNATURE:

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

Date

11-5-03

Daytime Phone #

305-639-7400

CR2E040 (7/03)