

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 23 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **N15065**

1. Corporation Name
CARMEL TOWHOMES CONDOMINIUM ASSOCIATION, INC

000018475080
06/23/03--01080--009 **237.50

2. Principal Office Address
9360 SUNSET DRIVE

3. Mailing Office Address
9360 SUNSET DRIVE

Suite, Apt. #, etc.
SUITE 252

Suite, Apt. #, etc.
SUITE 252

City & State
MIAMI, FL

City & State
MIAMI, FL

REINSTATEMENT 02-03
08/08/02 90091 021 6125

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-2620154

Applied For
Not Applicable

Zip Country
33173 U.S.A.

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33173 U.S.A.

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ROBERTS, NORMAN T

Street Address (P.O. Box Number is Not Acceptable)
50 WEST MASHTA DRIVE

000018475080
05/08/03--01014--013 **61.25

Suite, Apt. #, Etc.
SUITE # 2

City
KEY BYSCAINE

State Zip Code
FL 33149

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

REGISTERED AGENT MUST SIGN

Date

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.	GLADYS GARCIA	9360 SUNSET DRIVE # 252	MIAMI, FL 33173
T.D.	XIOMARA LOPEZ	9360 SUNSET DRIVE # 252	MIAMI, FL 33173
S.D.	JOSE E. GARCIA	9360 SUNSET DRIVE # 252	MIAMI, FL 33173

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: *Glady's Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

Daytime Phone #

CR2E081 (9/01)