

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
CGAR
 REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 19 PM 2:29

DOCUMENT # **N15321**

1. Corporation Name
OLD CUTLER BAY HOMEOWNERS CORPORATION, INC.

Principal Place of Business Mailing Address
9365 GALLARDO STREET 9365 GALLARDO STREET
CORAL GABLES FL 33156 CORAL GABLES FL 33156



03-11-99 90073 048 \$61.25

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/05/1986	
City & State		City & State		5. FEI Number	
Zip		Country		59-2741020	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	GETZ, JASMINE Toni Schragar	9365 BALADA ST. 700 Solano Prado	CORAL GABLES FL 33156
VD	FISHER, TAMMY Andres murai	9365 BALADA ST. 200 Solano Prado	CORAL GABLES FL 33156
TD	KIM, JAMES Lola Solis	650 SOLANO PRADO 9365 Gallardo St.	CORAL GABLES FL 33156

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GETZ, JASMINE B 9365 BALADA ST. CORAL GABLES FL 33156		Name Lola Solis	
		Street Address (P.O. Box Number is Not Acceptable) 9365 Gallardo St.	
		Suite, Apt. #, Etc. Coral Gables	
		City FL	State Zip Code FL 33156

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 Lola Solis REGISTERED AGENT MUST SIGN Date 10-14-99

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: Lola Solis REGISTERED AGENT MUST SIGN Date 10-14-99 305 (666)-1218 Daytime Phone #

CR2294 (8/99)