

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR **94-97**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 SEP 15 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N26983**

1. Corporation Name
COCONUT GROVE PARK HOMEOWNERS ASSOCIATION INCORPORATED

Principal Place of Business Mailing Address
~~2512 Abaco Avenue~~
~~Coconut Grove, FL 33133~~

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

2. New Principal Office Address, If Applicable 2665 South Bayshore Drive		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc.		5. FEI Number 65-0067358	
City & State Coconut Grove, FL		City & State		Applied For Not Applicable	
Zip 33133		Country USA		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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	Robert V. Fitzsimmons	2665 S. Bayshore Dr., 201	Coconut Grove, FL 33133
V/D	Cynthia Shelley	2975 Washington St.	Coconut Grove, FL 33133
T/D	Ron Nelson	2535 Inagua Av.	Coconut Grove, FL 33133
S/D	Trisha Fernandez	2465 Inagua Av.	Coconut Grove, FL 33133

REINSTATEMENT *all info 9/11/97*

8. Name and Address of Current Registered Agent Robert V. Fitzsimmons 2666 Tigertail Av., Suite 106 Coconut Grove, FL 33133		9. Name and Address of New Registered Agent Name Robert V. Fitzsimmons Street Address (P.O. Box Number is Not Acceptable) 2665 South Bayshore Dr. Suite, Apt. #, Etc. 201 City Coconut Grove State FL Zip Code 33133	
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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]* REGISTERED AGENT MUST SIGN Date **9/11/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **9/11/97** Daytime Phone # **3058564281**

CR2E040 (12/96)