

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 99-02

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26983

1. Corporation Name
Coconut Grove Park
Homeowners Association
Incorporated

2. Principal Office Address
2512 Abaco Ave

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Coconut Grove FL

Zip
33133

Country

City & State

Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida 6/16/88

5. FEI Number 65-0067358

Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name Robert V. Fitzsimmons

Street Address (P.O. Box Number is Not Acceptable) 2512 Abaco Avenue

Suite, Apt. #, Etc.

City Coconut Grove

State FL Zip Code 33133

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 *[Signature]* Date 8/23/02

REGISTERED AGENT MUST SIGN

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	Robert V Fitzsimmons	2512 Abaco Ave	Coconut Grove FL 33133
VP	Cynthia Shelley	2975 Washington St.	Coconut Grove FL 33133
T	David Freed	3055 Washington St	Coconut Grove FL 33133

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: *[Signature]* Date 8/23/02 Daytime Phone # 305-854-3842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR