PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 SEP 22 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41683

1. Corporation Name
THE HISTORIC HOMEOWNERS ASSOCIATION OF CORAL GABLES, INC.

Principal Place of Business	Mailing Address
2550 WORLD TRADE CENTER 80 SW 8TH ST. MIAMI FL 33130	2550 WORLD TRADE CENTER 80 SW 8TH ST. MIAMI FL 33130

900002302759--3
-09/24/97--01103--006
****383.75 ****383.75

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

DO NOT WRITE IN THIS SPACE

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: 01/14/1991

5. FEI Number: 65-0261797 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	CEFALO, CAROLYN J.	5108 MAGGIORE ST.	CORAL GABLES FL
D	ANDERSON, SARAH	665 NORTH GREENWAY DRIVE	CORAL GABLES FL
D V.P.	DAMIAN, VINCENT E., JR	1115 N. GREENWAY DR	CORAL GABLES FL
D	LEAKE, MARTIN C.	400 ALESIO AVE.	CORAL GABLES FL
D	TYSON, CHRISTOPHER G.	1498 SEVILLE AVE.	CORAL GABLES FL
D	WERNER, MICHAEL L.	5100 MAGGIORE ST.	CORAL GABLES FL

8. Name and Address of Current Registered Agent

DAMIAN, VINCENT E., JR, ESQUIRE
2550 WORLD TRADE CENTER
80 SW 8TH STREET
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name: REINSTATEMENT 9-5-97
Street Address (P.O. Box Number is Acceptable): 5q. 23-97
Suite, Apt. #, Etc.:
City | State: FL | Zip Code:

CR2E040 (6/95)

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: 9-17-97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] V.P. 91797 305 379 1681