

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

98 NOV 30 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000001459**

1. Corporation Name

CRESTVIEW ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2121 PONCE DE LEON BLVD STE 711
CORAL GABLES FL 33134

2121 PONCE DE LEON BLVD STE 711
CORAL GABLES FL 33134



200002702572--3

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

2. New Principal Office Address, if Applicable

~~7975 N.W. 154th St~~

3. New Mailing Office Address, if Applicable

~~7975 N.W. 154th St~~

Suite, Apt. #, etc.

~~5-400~~

Suite, Apt. #, etc.

~~5-400~~

City & State

~~Miami Lakes Fl.~~

City & State

~~Miami Lakes Fl.~~

Zip

~~33016~~

Country

~~USA~~

Zip

~~33016~~

Country

~~USA~~

4. Date Incorporated or Qualified To Do Business in Florida ~~12/03/98~~ ~~01110-011~~ ~~236.25~~ ~~***236.25~~ ~~03/17/1997~~

5. FEI Number

APPLIED FOR

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)	Name of Officers and/or Directors	Street Address	City / State / Zip
	REINSTATEMENT		98 City / State / Zip SL
PD	BIGHACHI, MOISE	3912 W 12 AVE	HALEAH FL 33012
VD	SCHECHNER, MARK	2121 PONCE DE LEON BLVD STE 711	CORAL GABLES FL 33134
STD	BIGHACHI, OLGA	3912 W 12 AVE	HALEAH FL 33012
PD	Silvio Cardoso	7975 N.W. 154th St. S-400	Miami Lakes, Fl. 33016
VD	Robert Briele	7975 N.W. 154th St. S-400	Miami Lakes, Fl. 33016
SD	THEMIS BARREIRO	7975 N.W. 154th St. S-400	Miami Lakes, Fl. 33016

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHECHNER, MARK
2121 PONCE DE LEON BLVD STE 711
CORAL GABLES FL

Name **Robert Briele**
Street Address (P.O. Box Number is Not Acceptable)
7975 N.W. 154th St.
Suite, Apt. #, Etc.
S-400
City **Miami Lakes** State **FL** Zip Code **33016**

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] **SIGNATURE REQUIRED**

Date

11/18/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SILVIO A. CARDOSO

Date

11/24/98

Daytime Phone #

305-558-2600

CR2040 (8/98)