PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 JAN 31 PM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000000651**

1. Corporation Name

SOMERSET COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~7661 S.W. 146 ST.~~ ~~MIAMI FL 33158~~	~~7661 S.W. 146 ST.~~ ~~MIAMI FL 33158~~

5|8|99 900075041 $61.25

REINSTATEMENT 99-00

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
4868 SW 72nd Avenue	4868 SW 72nd Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/03/1998

5. FEI Number: X 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	GOMEZ, OSCAR F	12601 S.W. 143RD LANE	MIAMI FL 33186
DS	GOMEZ, MYRA	12601 S.W. 143RD LANE	MIAMI FL 33186
DV	GONZALEZ, JULIO J	7661 S.W. 146 ST.	MIAMI FL 33158
DV	GONZALEZ, ANA M	7661 S.W. 146 ST.	MIAMI FL 33158

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8. Name and Address of Current Registered Agent

GONZALEZ, JULIO J
~~7661 S.W. 146 ST.~~ 4868 SW 72nd Avenue
~~MIAMI FL 33158~~ Miami, Florida 33155

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/99)

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 REQUIRED Date: 01/26/00
REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE: SIGNATURE REQUIRED Julio J. Gonzalez 01/26/00 305-740-3242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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