PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 NOV -7 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/07/02--01053--019 **297.50
REINSTATEMENT 01-02

DOCUMENT # N98000000651

1. Corporation Name
Somerset Cove H.O.A. INC.

2. Principal Office Address	3. Mailing Office Address
Miami Mgmt. Inc.	Miami Mgt INC
Suite, Apt. #, etc. 1145 Sawgrass Corp. Pkwy	Suite, Apt. #, etc. 1145 Sawgrass Corp Pky
City & State Sunrise, Fl	City & State Sunrise, Fl
Zip 33323 Country Broward	Zip 33323 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 2/03/98

5. FEI Number 65-10-2-446 1 ☑ 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: Bakalar, Brough & Chadrow, P.A.
Street Address: Westside Corporate Center
Suite, A: 150 South Pine Island Road, Suite 540
City: Plantation, Fla. 33324-2669
State: FL
Zip Code:

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 _____, ESQ. Date 10/31/02
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
Pres/D	Maria Ramirez	12857 SW 50 St	Miramar, Fl.
Dir.	Carlos Martinez	4963 S.W. 128 Terr.	Miamar, Fl
Sec	Maria Morales	12904 SW 50 St	Miramar FL
Tres.	Alfreda Mazelin	12864 SW. 50 St	Miramar, Fl.
Dir.	Martin Stein	12851 S.W. 49 Ct.	Miramar Fl.

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: Maria Ramirez - PRES. 7/9/02 (954) 846-7545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gf 11/14/02