

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04901072

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 21 PM 2:56

SECRETARY OF STATE
ALLAHUSSEE, FLORIDA

DOCUMENT # *N94000002909*

1. Corporation Name

*OLD CUTLER MEADOW
Homeowners ASSOC., Inc.*

2. Principal Office Address

2701 SW. 3 AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

2701 SW 3 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL

Zip

33129

Country

US

Zip

33129

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

6/13/94

5. FEI Number

65-1016901

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

Richard J. DIAZ, RA

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

2701 SW 3 AVENUE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33129

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

REGISTERED AGENT MUST SIGN

Date

6/9/00

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
<i>D</i>	<i>Richard M. Brenner</i>	<i>21 SE. 1 Ave. Miami, FL</i>	<i>Miami FL 33131</i>
<i>D</i>	<i>Mark A Dienstag</i>	<i>21 SE 1 Ave</i>	<i>Miami, FL 33131</i>
<i>D</i>	<i>Michelle O Hill</i>	<i>21 SE 1 Ave.</i>	<i>Miami, FL 33131</i>
<i>D</i>	<i>Luis A. Alvarez</i>	<i>434 Rouina Avenue</i>	<i>Coral Gables FL 33156</i>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/9/00

Daytime Phone #

305-285-1122

CR2E081 (9/99)

Page 2 of 2



ACCOUNT NO. : 072100000032
REFERENCE : 738956 8971A

AUTHORIZATION : *Patricia Pujat*

COST LIMIT : \$ 490.00

ORDER DATE : June 21, 2000

ORDER TIME : 11:39 AM

ORDER NO. : 738956-005

CUSTOMER NO: 8971A

CUSTOMER: Richard J. Diaz, Esq
Richard J. Diaz, Esq
2701 Southwest 3rd Avenue

Miami, FL 33129

DOMESTIC FILINGS

NAME: OLD CUTLER MEADOW HOMEOWNERS
ASSOC., INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kari Renfroe EXT: 1147
EXAMINER'S INITIALS

TS

RECEIVED
00 JUN 21 PM 1:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA