

542.50 reinstat
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700269

1. Corporation Name

Cutler Ridge Merchants
Association, Inc.

2. Principal Office Address

20505 S. Dixie Hwy

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33189

Country

Dade

3. Mailing Office Address

1500 San Remo Ave

Suite, Apt. #, etc.

#135

City & State

Coral Gables, FL

Zip

33146

Country

Dade

500009083225

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11/19/02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

51-0035A52

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

T/S Development LLC

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

1500 San Remo Avenue

Suite, Apt. #, Etc.

#135

City

Coral Gables

State

FL

Zip Code

33146

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

JAMES A SCHLESINGER

REGISTERED AGENT MUST SIGN

Date 11/05/2002

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	JAMES A. SCHLESINGER	1500 SAN REMO AVE. #135, CORAL GABLES, FL	(305) 662-9557 33146

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

11/09/02 (305) 662 9557

Daytime Phone #

CR2E081 (9/01)