

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **96-97**
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAY 14 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **704237**

1 Corporation Name

The Country Club of Coral Gables Inc.

Principal Place of Business

Mailing Address

997 North Greenway Drive
Coral Gables, Florida 33134

REINSTATEMENT **96-97**

A. C. am

5/14/97

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

2. New Principal Office Address, If Applicable Same		3. New Mailing Office Address, If Applicable Same		4. Date Incorporated or Qualified To Do Business in Florida 1935	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-0206820	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Paul E. Hawkins - D	914 Malaga Avenue	Coral Gables, Fl. 33134 -D
V.Pres.	Lucene Popp - D	7860 S.W. 115th Street	Miami, Fl. 33156 - D
Sec.	John M. Thomson - D	2600 Cardena Street Villa 3	Coral Gables, Fl. 33134 -D

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05/16/97-01106-003
*****306.25 ***306.25**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
John M. Thomson
Street Address (P.O. Box Number is Not Acceptable)
2600 Cardena Street
Suite, Apt. #, Etc.
Villa #3
City
Coral Gables State
FL Zip Code
33134

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

John M. Thomson
REGISTERED AGENT MUST SIGN

Date **4-19-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

John M. Thomson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-97 305 4435444
Date Daytime Phone #

CR2E040 (1/2/96)