

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # 704237

1. Corporation Name

THE COUNTRY CLUB OF CORAL GABLES

Principal Place of Business

Mailing Address

997 N. GREENWAY DRIVE
CORAL GABLES FL 33134

997 N. GREENWAY DRIVE
CORAL GABLES FL 33134

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1962

SP

5. FEI Number

59-0206820

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
PD	WOODRUFF, ROY	1900 SW 57TH AVE.	MIAMI FL 33155
VPD	LANGSTON, HENRY	3523 LOQUAT AVE	COCONUT GROVE FL 33133
SD	PERRY, ARNOLD R	423 PALERMO	CORAL GABLES FL 33134
PD	FRED PHILLIPS	8140 SW 62 AVE	MIAMI FL 33143
VPD	JOHN MCKINLEY KIRBY	7664 SW 147 TERR	MIAMI FL 33158
SD	DOTTIE CORBETT	1438 TRILLO AVE	CORAL GABLES FL 33146

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMSON, JOHN M
2600 CARDENA STREET
VILLA #3
CORAL GABLES FL 33134

Name
900003514799--1
-12/28/00--01004--005
Street Address (P.O. Box Number is Not Accepted) 175.00 ****175.00
900003514799--1
Suite, Apt. #, Etc.
-12/28/00--01004--006
*****61.25 *****61.25
City
State
FL Zip Code

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]
REGISTERED AGENT MUST SIGN

Date 11-16-02

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.

SIGNATURE:

[Signature: Dorothy A. Corbett]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY (DOTTIE) A. CORBETT, SECRETARY

10/13/00 (305) 662-1328
Date Daytime Phone #

CR2E040 (800)