

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 02 JAN 30 PM 4:46

DOCUMENT # **706041**

1. Corporation Name
CREEK CLUB #3, INC.

Principal Place of Business: **8040 TATUM WATERWAY DRIVE APT 20 MIAMI BEACH FL 33141-5307**
 Mailing Address: **% ASSOC MGMT GROUP, INC. 20533 BISCAYNE BLVD., PMB 469 AVENTURA FL 33180-1529 US**



REINSTATEMENT 01-02

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/15/1963	
City & State		City & State		5. FEI Number	
Zip		Country		59-1060757	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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	4 City / State / Zip
SD	LAGO, CARMEN	8404 TATUM WATER WAY DRIVE UNIT	MIAMI FL 33141
PD	YOU STREILE GARDIA, MARIA E VA	8404 TATUM WATER WAY DRIVE UNIT //	MIAMI BEACH FL 33141
D	GANIERI, DI FILIPPO	8404 TATUM WATER WAY DRIVE UNIT	MIAMI BEACH FL 33141
VPD	PUSCHAUTZ, BETH	8040 TATUM WATERWAY DR. - 20	MIAMI BEACH FL 33141
D	TAMBOURI, MARIA	8040 TATUM WATERWAY DR, 10	MIAMI BCH FL
TD	GEORGEFF, RAYMONDE	8040 TATUM WATERWAY DR. - 5	MIAMI BCH FL 33141

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KREMEN, MARSHALL CAM
 ASSOCIATION MGMT GROUP INC.
 500 WEST CYPRESS CREEK ROAD., STE 230
 FORT LAUDERDALE FL 33309

Name: _____
 Street Address (P.O. Box Numbers Not Acceptable): _____
 Suite, Apt. #, Etc.: _____
 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
 800004883288--7
 -02/06/02-84049-016
 Date: ***23/50*** **297.50

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 305 792-0055
 Daytime Phone #

CR2E040 (801)