## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED FLORIDA DEPARTMENT OF STATE **CORPORATION** 05 SEP 16 PH 12: 38 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS CEURLIAR OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 706041 1. Corporation Name CREEK CLUB #3 ASSOCIATION, FAC 2. Principal Office Address 3. Mailing Office Address 160 NW 176 ST 800059796558 09/21/05--01002--001 \*\*358.75 8040 TATUM WATERWAT 406-3 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI. Number 1060757 Applied.For . MIAMI MIAMI Not Applicable CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status 33/69 DADE 7. Name and Address of Current Registered Agent Name BETH PUSCHAUTZ Street Address (P.O. Box Number is Not Acceptable) 2040 TATUM WATERWAY \*Suite, Apt. #, Etc. 20 City MIAMI BEACH CR2E081 (01/05) 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 MUST SIGN Registered Agent () 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip PD 8040 TATUM WATERWAY MIAMI BEACH FL 33141 PUSCHAUTZ MIAMI DEACH FL 33141 MARA MILLER ---- 8040 TATUM WATERWAY RAYMONDE GEORGEFF 8040 TATUM WATERWAY MIAMI BEACH FC 3314, 8040 TATUM WATERWAY MIAMI BEACH FL 33/4/ RAFAEL LABRADA MIAMI BEACH FZ 3314 8040 TATUM WATERWAY ANTONIO SUREDA

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 filling 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

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on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: