

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730191

1. Corporation Name

RACQUET CLUB ESTATES, INC

Principal Place of Business

Mailing Address

PO BOX 505820
MIAMI FL 33256-7423

PO BOX 505820
MIAMI FL 33256-7423

FILED
03 OCT 31 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

8630 S.W. 94 ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8630 S.W. 94 ST

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

07/12/1974

City & State

Miami FL

City & State

MIAMI FL

5. FEI Number

59-1885218

Applied For

Not Applicable

Zip

33156

Country

Zip

33156

Country

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 |
|--------------|-------------------------------------|--|----------------------|
| D | GANTOR, HINDA | 8640 SW 94 ST | MIAMI FL 33156 |
| V | STINE, JACK | 8610 S W 94TH ST | MIAMI FL 33156 |
| P | CONNEL, JIM | 8630 S.W. 94TH ST. | MIAMI, FL 33156 |
| D | BONNER, BARBARA | 8530 SW 94TH ST | MIAMI FK 33156 |
| D | RADOWS, BARBARA | 8516 SW 94 ST. | MIAMI FL 33156 |
| D | BLAMO, GIOVANI | 8646 SW 94TH ST | MIAMI FL 33156 |

8. Name and Address of Current Registered Agent

CONNELL, JIM
8630 S.W. 94TH ST.
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

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

5000 24343738

Suite, Apt. #, Etc.

10/31/03 01109 006 **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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date


10-28-03

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:

[Handwritten Signature] BARBARA R. BONNER 305-596-1694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10-28-03 Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|-------------------------------------|---|--|
| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE |
| | | Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS |

DOCUMENT # **730191**

1. Corporation Name

RACQUET CLUB ESTATES, INC

Principal Place of Business

Mailing Address

PO BOX 565820
MIAMI FL 33256-7423

PO BOX 565820
MIAMI FL 33256-7423



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. | | 07/12/1974 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 59-1885218 | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |
| <div style="background-color: black; color: white; padding: 2px; text-align: center;"> \$8.75 Additional Fee required for a Certificate of Status </div> | | | | | |

NEW LIST OF OFFICERS

| 1 | 2 | 3 | 4 |
|----------|-----------------------------------|--|--------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| Pres. | Bonner, Barbara | 8530 SW 94 St | Miami, Fl 33156 |
| Sec. | Rubin, Valerie | 8540 SW 94 St | Miami, Fl 33156 |
| Dir. | Tarjan, Susanna | 8526 SW 94 St | Miami, Fl 33156 |
| Dir. | Laidlaw, Della | 8546 SW 94 St | Miami, Fl 33156 |
| Dir. | Raduns, Barbara | 8516SW 94 St | Miami, Fl 33156 |
| Dir. | Bland, Giovanni | 8646 SW 94 St | Miami, Fl 33156 |

| | | | |
|--|--|--|-------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| CONNELL, JIM 8630 S.W. 94TH ST. MIAMI FL 33156 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State |
| | | FL | |

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. or 617.0505, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CS 6/14/07 13C

RACQUET CLUB ESTATES, INC.
HOMEOWNERS ASSOCIATION

October 27, 2003

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

This is to inform you that the Racquet Club Estates Homeowners Association did not receive the 2003 notice for registration as a not-for-profit corporation.

As per your instructions we are including an updated list of officers of the Board, and a check for \$61.25. Please consider the address of property manager James Connell at the address below, to be the appropriate address of record for the future.

Sincerely,



Valerie K. Rubin

Secretary
Board of Directors
Racquet Club Estates Homeowners Assn.