

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 10 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **730589**

1. Corporation Name

**COUNTRY CLUB of MIAMI FAIRWAY
VILLA 52/B526 ASSOCIATION, INC**

REINSTATEMENT 08-10

700171754677
03/10/10--01028--022 **\$367.50
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

7361 Pine Valley Dr

3. Mailing Office Address

PO BOX 171362

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

Country

33015

USA

Zip

Country

33017

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/3/1974

5. FEI Number

N/AE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

RAUL Padron

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

7355 OAKLAND HILLS Dr

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33015

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

REGISTERED AGENT MUST SIGN

Date **03/02/10**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Idalberto Brito	7361 Pine Valley Dr	Hialeah FL 33015
T	RAUL Padron	7355 OAKLAND HILLS Dr	Hialeah FL 33015
S	Michelle MICHEL	7352 STARDUST Dr	Hialeah FL 33015

OC 3/11

10. E-mail Address: **IBRITO1962@yahoo.com**

(To be used for future annual report notification)

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. I further certify, 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:

Idalberto Brito

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/10 786 2081442

Date

Daytime Phone #