

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR 25 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732001

1. Corporation Name

Cutler Creek Village Condominium
Association, Inc.

100204238761
04/25/11--01053--012 **175.00
100204238761
04/25/11--01053--011 **61.25
CR28081 (11/10)

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

10350-10370 SW 220 ST

3. Mailing Office Address

6625 Miami Lakes Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami Lakes, FL

Zip

33190

Country

USA

Zip

33014

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/3/79

5. FEI Number

59-1584741

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Andrew Cuevas, Esq., Cuevas, Ortiz & Cuevas

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

7480 SW 40 STREET

Suite, Apt. #, Etc.

600

City

Miami

State

FL

Zip Code

33155

REINSTATEMENT

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

Andrew Cuevas

Date

4/18/11

REGISTERED AGENT MUST SIGN

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
Pres	Jorge Torres	10370 SW 220 ST #222	Miami, FL 33190
VP	John Albury	10370 SW 220 ST #119	Miami, FL 33190
Sec	Evans Brown	10350 SW 220 ST #252	Miami, FL 33190
Treas	Diana Salazar	10370 SW 220 ST #223	Miami, FL 33190
Dir	Janine Oliveira	10370 SW 220 ST #220	Miami, FL 33190

10. E-mail Address: gmsservices302@aol.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Jorge L. Torres - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/11

Daytime Phone #