

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC -5 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 934987

1. Corporation Name

Apogee Association, Inc.

2. Principal Office Address

3118 Center St

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

Zip

33133

Country

USA

3. Mailing Office Address

3118 Center St

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

Zip

33133

Country

USA

10-27-03 0115 006 \$70.00

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/76

5. FEI Number

591708976

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

Carlos A. Saboga

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

3126 Center St.

Suite, Apt. #, Etc.

City

Coconut Grove, FL

State

FL

Zip Code

33133

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

[Signature]

Date

12/1/05

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
P	Carlos A. Saboga	3126 Center St.	Coconut Grove, FL 33133
✓	Tom Braga	3134 Center St.	Coconut Grove, FL 33133
✓	Rafael Vadia	3130 Center St.	Coconut Grove, FL 33133
S	Shari Witkoff	3122 Center St.	Coconut Grove, FL 33133
T	Cathy Penneys	3124 Center St.	Coconut Grove, FL 33133

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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 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)(l), 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]

CARLOS A. SABOGAL

Date

12/01/05

Daytime Phone #

305.444.9565