

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 SEP 23 AM 7:45

DOCUMENT # 748547

1. Corporation Name  
*The Courts of Bindwood Condominium Association, Inc*

Principal Place of Business Mailing Address  
*THE COURTS OF BINDWOOD 3749 SW 99 AVE # 4 MIAMI, FL 33165*  
*SPM GROUP INC 2151 Le Jeune Rd Suite 305 Coral Gables FL 33134*

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.	5. FEI Number
City & State	City & State	Applied For
Zip	Zip	Not Applicable
Country	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
TD	Antonio Mendez	3749 SW 99 AVE # 4	MIAMI, FL 33165
PD	Domingo Castallada	3721 SW 99 AVE # 8	MIAMI, FL 33165
SD	Jane Martinez	3859 SW 99 AVE # 6	MIAMI, FL 33165

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 \*\*\*\*122.50 \*\*\*\*122.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name <i>SPM GROUP, INC.</i>
	Street Address (P.O. Box Number is Not Acceptable) <i>2151 LE JEUNE ROAD # 305</i>
	Suite, Apt. #, Etc.
	City <i>CORAL GABLES</i>
	State <b>FL</b>
	Zip Code <i>33134</i>

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.

Signature of Registered Agent: *Raul Populor* Date: *9/3/99*  
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: *[Signature]* Date: *9/3/99* Daytime Phone #: *(305) 444-6757*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (12/98)