

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 MAY -1 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 748997

1. Corporation Name

CHERRY GROVE CONDOMINIUM NO. 10/5 ASSOCIATION, INC.

Principal Place of Business

8621 Southwest 93rd Ct.  
Miami, Florida 33173

Mailing Address

8621 Southwest 93rd Ct.  
Miami, Florida 33173

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/20/79

5. FEI Number

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Rose Anna Yancey	8621 Southwest 93rd Ct.	Miami, FL 33173
S/D	Stacie R. Harding	8940 Southwest 95th Ave.	Miami, FL 33176
T/D	Rebecca A. Yancey	9170 Southwest 95th Ave.	Miami, FL 33176

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-05/12/98--01040-014  
\*\*\*1058.75 \*\*\*058.75

8. Name and Address of Current Registered Agent

SHUAKAT-ALI ROKADIA  
9172 SW 95th Ave.  
Miami, FL 33176

9. Name and Address of New Registered Agent

Name

ROSE ANNA YANCEY

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

8621 SW 93rd Ct.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

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

*Rose Anna Yancey*

REGISTERED AGENT MUST SIGN

Date August 25, 1997

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Rose Anna Yancey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROSE ANNA YANCEY

August 25, 1997

Date

Daytime Phone #

CP2E040 (12/96)