

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 JUN 16 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759409

1. Corporation Name

COUNTRY CLUB EAST TOWNHOUSE CONDOMINIUM "C" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~18952 NW 55 AVE~~
MIAMI FL 33055
US

18952 NW 55 AVE
MIAMI FL 33055
US

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

16964 NW 55 Ave

3. New Mailing Office Address, If Applicable

16964 NW 55 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

08/03/1981

5. FEI Number

59-2161603

Applied For

Not Applicable

City & State

Miami, FLORIDA

City & State

Miami, FLORIDA

Zip

33055

Country

DADE

Zip

33055

Country

DADE

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
VPD	GONZALEZ, ARNALDO	16962 NW 55 AVE	MIAMI FL
STD	ILIANA, LOPEZ	16966 NW 55 AVE	MIAMI, FL 00000
PD	SIBILLY, REINARDO	16952 NW 55 AVE	MIAMI FL
PD	CEREZO-VEGA, Silvia	16964 NW 55 AVE	Miami FL 33055 500002215865--B -06/18/97--01068--022 ****358.090****358.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREENBERG, BEVERLY L
7600 SW 57TH AVENUE
SUITE 125
SOUTH MIAMI FL 33143

Name

Silvia Cerezo-Vega

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

16964 NW 55 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33055

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

REGISTERED AGENT MUST SIGN

Date

1/10/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Silvia R. Cerezo-Vega

Silvia R. Cerezo-Vega

(305) 621-8517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (6/95)