

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762383

1. Corporation Name

The California Club Condominium
Association, Inc.

REINSTATEMENT 97-02

000009021480

11/15/02--01044--024 **551.25

2. Principal Office Address

770 N. E. 195 Street

Suite, Apt. #, etc.

3. Mailing Office Address

305 Alcazar Ave

Suite, Apt. #, etc.

City & State

N Miami Beach, Fla

Zip

33179

Country

Dade

City & State

Coral Gables, Fla

Zip

33134

Country

Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/10/82

5. FEI Number

592389275

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

Vilar Property Management

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

305 Alcazar Ave

Suite, Apt. #, Etc.

City

Coral Gables, Fla

State
FL

Zip Code

33134

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

Pedro Abella
REGISTERED AGENT MUST SIGN

Date

11/4/02

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
	ISABEL APONTE, PD	20585 N. E. 2nd Ave	N Miami Beach, 33179
	FRED LUCERO, VPD	770 N. E. 195 St #210	N. Miami Beach, 33179
	PEDRO ABELLA, ST/D	4490 N. W. 198 St	Miami, Fla 33055

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)(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:

Pedro Abella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/02 305-447-4080
Daytime Phone #

CR2E081 (8/01)

js 11/15