

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 24 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100008024201--8  
-09/25/02--01080--020  
\*\*\*\*603.75 \*\*\*\*603.75

REINSTATEMENT 96-02

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # 765507

1. Corporation Name  
ROSEMONT CONDOMINIUM HOMEOWNERS  
ASSOCIATION, INC.

2. Principal Office Address  
201 ALHAMBRA CIRCLE

3. Mailing Office Address  
201 ALHAMBRA CIRCLE

Suite, Apt. #, etc.  
SUITE 1102

Suite, Apt. #, etc.  
SUITE 1102

City & State  
CORAL GABLES, FL

City & State  
CORAL GABLES, FL

Zip Country  
33134 USA

Zip Country  
33134 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/22/1982

5. FEI Number 592288086  
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 SKRLD, INC.  
Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE  
Suite, Apt. #, Etc. SUITE 1102  
City CORAL GABLES 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 *[Signature]* Date 09-04-02  
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. /D	JEFFREY L. ABELL	9605 CUTLER RIDGE DRIVE	MIAMI, FL 33157
S /D	GALE WALTERS	18720 SW 295 TERRACE	HOMESTEAD, FL 33030
T/D	WILLIE CARPENTER	10965 SW 175 Street	Miami, FL 33157-4066

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: *[Signature]* JEFFREY L. ABELL Date 09-04-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)

js 9/24/02