


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # 769090

1. Corporation Name

Sabal Chase Executive Park Condominium
Association, Inc.

2. Principal Office Address

10870 SW 113 Place

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33176

Country

USA

3. Mailing Office Address

10870 SW 113 Place

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/24/1983

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

FILED

06 DEC 20 PM 4:06

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

02-06

7. Name and Address of Current Registered Agent

Name

Susan Spaulding

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

10850 SW 113th Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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

Susan Spaulding

Date 12-14-06

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
PD	Maureen Samaroo	10870 SW 113 Place	Miami, FL 33176
VD	Lucia Wen	9811 SW 96 Street	Miami, FL 33176
SD	Susan Maristany ^{SPAULDING}	10850 SW 113 Place	Miami, FL 33176

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 contained in Chapter 119, 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:

Susan Spaulding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-14-06 828 835 9852

Daytime Phone #