

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 20 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 771014

1. Corporation Name

CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "7" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2901 SIMMS ST
HOLLYWOOD FL 33020
US

2901 SIMMS ST
HOLLYWOOD FL 33020
US



REINSTATEMENT

2000

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/01/1983	
City & State		City & State		5. FEI Number	
Zip		Country		59-2360496	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4. City / State / Zip
PD VPD	BAIN, MICHAEL	809 NE 199 #204	N. MIAMI BCH., FL
PD	SINGER, REGINA	809 NE 199 #202	N. MIAMI BCH., FL
VPD VPD	BARCELO, DONNA	809 NE 199 ST #102	N MIAMI BCH FL
TD	Claudia Terry	809 NE 199 ST #201	N MIAMI BCH FL
			300003496773--4 -12/12/00-01035--021 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEYROWITZ, ANDREW 2901 SIMMS ST HOLLYWOOD FL 33020	Name	Meyrowitz, Andrew
	Street Address (P.O. Box Number is Not Acceptable)	2035 Harding St.
	Suite, Apt. #, Etc.	St. 200
	City	Hollywood
		300003496773--4 -12/12/00-01035--022 ****61.00 ****61.00

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: [Signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: _____

11. 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: Donna Barcelo SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/28/00 Daytime Phone #: (305) 945781

CR2E040 (8/99)