

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 APR 15 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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04/20/04--01016--030 \*\*297.50

REINSTATEMENT 02-04

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 771015**  
1. Corporation Name  
Carmel at the California Club Condominium "8" Association

2. Principal Office Address 3300 University Drive Suite, Apt. #, etc. # 405 City & State Coral Springs, Fl. Zip 33065		Country USA		3. Mailing Office Address 3300 University Drive Suite, Apt. #, etc. # 405 City & State Coral Springs, Fl. Zip 33065		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-2360498	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name United Community Management Corp		
Street Address (P.O. Box Number is Not Acceptable) 3300 University Drive		
Suite, Apt. #, Etc. # 405		
City Coral Springs	State FL	Zip Code 33065

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: UNITED COMMUNITY MANAGEMENT CORP Date: 3/20/04

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	Conte, Rita	803 N.E. 199 Street # 103	Miami, Fl. 33129

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: Rita Conte  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E081 (01/04)