

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 APR 13 PM 1:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 771289

1. Corporation Name CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "9" ASSOCIATION, INC.

Principal Place of Business C/O D C I 2901 SIMMS ST HOLLYWOOD FL 33020 US Mailing Address C/O D. C. I. 2901 SIMMS ST. HOLLYWOOD FL 33020 US

REINSTATEMENT 09100



3/11/99 90146 005 \$61.25

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 11/15/1983 5. FEI Number 59-2378230 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include GELLER, STAN; WILSON, ALICE; SAFRA, HARRIS.

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8. Name and Address of Current Registered Agent MEYROWITZ, ANDREW C/O D. C. I. 2901 SIMMS ST. HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code

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] Date 3/27/00

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-24-00 Date 305-653-4308 Daytime Phone # KE

CR2040 (8/99)