

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 JUN -2 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

DOCUMENT # 771289
 1. Entity Name
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "G" ASSOCIATION, INC.



Principal Place of Business
**C/O PHOENIX MANAGEMENT SERVICES
 4800 N STATE ROAD 7 #104
 LAUDERDALE LAKES, FL 33319 US**

Mailing Address
**4800 N STATE ROAD 7
 104
 LAUDERDALE LAKES, FL 33319 US**

2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc.
105

City & State
 City & State

Zip Country Zip Country

4. FEI Number
59-2378230

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~**RANDALL K ROGERS & ASSOCIATES, PA
 625 NW 53 STREET
 300
 BOCA RATON, FL 33487**~~

7. Name and Address of New Registered Agent
 Name **Phoenix Management Services**
 Street Address (P.O. Box Number is Not Acceptable)
4800 N State Rd 7 #105
 City **Lauderdale Lakes FL** Zip Code **33319**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Sheldon Goldberg* **Sheldon Goldberg** **4/30/08**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GELLER, STAN 781 N.E. 199 ST. MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, ALICE 781 N.E. 199TH ST. MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAFRA, HARRIS 781 N.E. 199TH ST. MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Harris Safra</i> 781 N.E. 199th St. Miami, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
200131091682 06/10/08--01008--006 **122.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: *Honey* **Honey** **3/26/08**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

M. Mitchell JUN 2 2008