2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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1. Entity Name		10"		0 DM 2: E8
CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "12 ASSOCIATION, INC.		12	0	18 SEP -2 PM 3:58
·		1 A		DEPETARY OF STATE
Principal Place of Business Mailing Address			ΔT	SECRETARY OF STATE ALLAHASSEE, FLORIDA
831 NE 199TH ST 4800 N STATE ROAD 7 # 104			1,1	t has tee a constant
MIAMI, FL 33179	LAUDERDALE LAKES, FL	33319		suun 11190 1210 Elif Eleti Gibri Bibli G:Rii Gibli Giblithi Gi 3861
Principal Place of Business - No P.O. Box #	2 Mailing Addison			
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		1 (0.01/10) 0), 89/0/ (1	TO CO THE THE WAY BEEN BEEN WHEN BEEN WERE WELLINGS OF SEME
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03122008 _{REII}	N-NP CR2E099 (1/07)
City & State	City & State		4. FEI Number 59-243186	1 Applied For Not Applica
Zip Country	Zip	Country	5. Certificate of Sta	\$8.75 Additional
E Name and Address of Current	Banistered Agent			Fee Required ress of New Registered Agent
6. Name and Address of Current	Registered Agent	Name J)	7. Name and Addr	/ ^
RANDALL K ROGER & ASSOCIATES		Street Address	(P.O. Box Number is N	anagement Services
- 821 NW 53RD, SUITS 300 - BOGA RATON, FL- 394 87	Circuit Address	Street Address (P.O. Box Number is Not Acceptable) 4800 N State Pd 7 # 105		
	4800 1			
		City and	erclate L	akes FL Zingo3319
	or the pureose of changing its	registered office or registe	ered agent, or both, in t	the State of Florida. I am familiar with, and acce
the obligations of registered agent.		<i>^</i> .	^	-1 /
SIGNATURE Mullon (Toces.	Shelder B	old Sur	8/22/08
Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature requ	ired when reinstating)	DATE
FILE NOW!!! FEE IS \$122.50	In accordance corporation	ce with s. 607.193(2)(b), F.S., the	Make check payable to Florida Department of State
10. OFFICERS AND DI		11.		S TO OFFICERS AND DIRECTORS IN 10
TITLE PD	Delete	TITLE	7,0071101107011111102	Change Addi
NAME DIAZ, GUISELLE		NAME	900	1135372889
STREET ADDRESS 823 NE 199TH STREET, #101 CITY-ST-ZIP MIAMI, FL 33179		STREET ADDRESS CITY-ST-ZIP	09704708	1135372889 801036011 **122.50
TITLE VP	☐ Delete	TITLE		Change Addi
NAME DIAZ, WILLIAM	_ 0000	NAME		_ , _
STREET ADDRESS 323 NE 199 ST, # 101		STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP MIAMI, FL 33179 TITLE D				☐ Change ☐ Addi
TITLE D NAME DUHART, HELEN	☐ Delete	TITLE NAME		Change Abol
STREET ADDRESS 223 NE 99ST, # 103		STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	□ Delete	TITLE		Change Addi
NAME Street address	\mathcal{N}	STREET ADDRESS		
CITY-ST-ZIP	1-10	CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CATY-STI-PTP TOTAL REINSTATEM	ENI U Delais	TITLE		☐ Change ☐ Addi
STREET ADDRESS REINSTATLIST		NAME STREET ADDRESS		
City-St-StP: -		CHY-ST-ZIP		
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NAME CAMEET ADDRESS		NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
49. I have by partify that the information available wi	th this filing does not qualify for	or the exemptions contain	ed in Chapter 119, Flo	orida Statutes. I further certify that the information
indicated on this report or supplemental report in of the corporation or the receiver or trustee emp	is true-find accounted and that m	ny signature shall have the as required by Chapter 61	i se ma lanal alteri se it	t made Hoder Oath, that I am an otticer of difect
changed, or on an attachment with an address,				
	with all other like empowered.			
SIGNATURE:	PRINTED NAME OF SIGNING OFFICER			Cate Davime Prone #