

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N 01337**

1. Corporation Name **Carmel at the Cal. Fernia Club
condominium 13 Association, Inc**

2. Principal Office Address - No P.O. Box #

4800 N. State Rd. 7

Suite, Apt. #, etc.

#105

City & State

Lauderdale Lakes, FL

Zip

33319

Country

USA

3. Mailing Office Address

4800 N. State Rd. 7

Suite, Apt. #, etc.

#105

City & State

Lauderdale Lakes, FL

Zip

33319

Country

USA

7. Name and Address of Current Registered Agent

Name **Phoenix Management Services, Inc**

Street Address (P.O. Box Number is Not Acceptable)

4800 N. State Rd 7

Suite, Apt. #, Etc.

#105

City

Lauderdale Lakes

State

FL

Zip Code

33319

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

Sheldon Goldberg
Sheldon Goldberg

REGISTERED AGENT MUST SIGN

Date **10/10/08**

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	Alcjandro Werner	825 NE 199 ST. #205	Miami, FL 33179
VPD	Yoram Azari	825 NE 199 ST. #208	Miami, FL 33179
SD	Denise White	825 NE 199 ST. #206	Miami, FL 33179

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/08

Date

305 761 1062

Daytime Phone #

FILED

08 OCT 24 PM 4:38

**CLERK OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT 07-08

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/84

5. FEI Number

592431866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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10/24/08--01041--009 **61.25

04/28/08 90344 012 \$122.50