PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAY 12 AM 10:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N01484

Corporation Name
Country Lane Condominiums, Building # 2

N-1048

REINSTATEMENT 98-1D

Principal Office Address	3. Mailing Office Address
17000 N. W. 67th Avenue	
Apt. #, etc. 335	Suite, Apt. #, etc. same
City & State Miami, Florida	City & State
Country U. S.	Country
Zip 33015	Zip

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2516760 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
STEPHEN J. STRALEY, P.A.

900003274929--4
-05/02/00--01059--011
****358.75 ****358.75

Street Address (P.O. Box Number is Not Acceptable)
3990 SHERIDAN STREET,

Suite, Apt. #, Etc.
SUITE 109

City
HOLLYWOOD

State
FL

Zip Code
33021

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.

Registered Agent _____ Date 4/10/00

REGISTERED AGENT MUST SIGN

CR2E381 (9/99)

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
Pres. D	Frank Wesolowski	17000 N. W. 67th Avenue #344	Miami, Florida 33015
Vice D	Jorge Baru	17000 N. W. 67th Avenue #334	Miami, Florida 33015
Sec. D	Shirley McKoy	17000 N. W. 67th Avenue #335	Miami, Florida 33015

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.

KE

SIGNATURE: Shirley McKoy Shirley McKoy 4/10/00 305 558-0623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #