


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT No. H03000307408

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N02000009767					
1. Corporation Name RESIDENCES OF OLD CUTLER POINTE HOMEOWNERS ASSOCIATION, INC.					
2. Principal Office Address 5835 BLUE LAGOON DRIVE			3. Mailing Office Address 5835 BLUE LAGOON DRIVE		
Suits, Apt. #, etc. 4TH FLOOR			Suits, Apt. #, etc. 4TH FLOOR		
City & State MIAMI, FLORIDA			City & State MIAMI, FLORIDA		
Zip 33126	Country USA	Zip 33126	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 12/19/2002	
				5. FBI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See 70. Additional Fee required for a Certificate of Status</small>	

REINSTATEMENT 03

7. Name and Address of Current Registered Agent			
Name AMERICAN INFORMATION SERVICES, INC.			
Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVENUE			
Suits, Apt. #, Etc. 28TH FLOOR			
City MIAMI	State FL	Zip Code 33131	


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 *By*  **Angelica M. Chiru**
Assistant Secretary Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	SIRES-GARCIA, MELISSA	5835 BLUE LAGOON DRIVE, 4TH FL	MIAMI, FLORIDA 33126
DVS	DREW HERNDON	5835 BLUE LAGOON DRIVE, 4TH FL	MIAMI, FLORIDA 33126
DT	TANIA M. MARTIN	5835 BLUE LAGOON DRIVE, 4TH FL	MIAMI, FLORIDA 33126

10. I certify that I am an officer or director of the receiver or trustee appointed 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 118.07(2)(j), 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:  **MELISSA SIRES-GARCIA** Date **10/29/03** (786) 437 8658

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

JK

Florida Department of State
Division of Corporations
Public Access System

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To: Division of corporations
Fax Number : (850)205-0384
From: *Angelica M. Chiru*
Account Name : AKERMAN, SENTERFITT & BIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

RESIDENCES OF OLD CUTLER POINTE HOMEOWNERS ASSOCIATI

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