

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 20 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03460**

1. Corporation Name

MIAMI-DADE DRESSAGE ASSOCIATION, INC.

2. Principal Office Address

6305 sw 120th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33183

Country

usa

3. Mailing Office Address

6305 sw 120th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33183

Country

usa

REINSTATEMENT 01-03

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

592471241

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

ELSA GAGNON ADAMS

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

13100 ORTEGA LANE

Suite, Apt. #, Etc.

City

NORTH MIAMI

State

FL

Zip Code

33181

700012973687

02/21/03--01111--009 **359 75

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

EG

REGISTERED AGENT MUST SIGN

Date 02/07/2003

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 |
|--------|-----------------------------------|--|------------------------|
| P | PELLE WEDENMARK | 6305 sw 120th Avenue | MIAMI, FL. 33183 |
| T | BILL MURPHY | 25 SW 24th Road | MIAMI, FL 33129 |
| S | ELSA GAGNON ADAMS | 13100 ORTEGA LANE | NORTH MIAMI, FL. 33181 |
| D | ARMANDO SALAZAR | 919 SW 23RD ROAD | MIAMI, FL. 33129 |
| D | CHARMAINE ICCZA | 9901 SW 79TH AVENUE | MIAMI, FL. 33156 |
| | | | |

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 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.

SIGNATURE:

EG

ELSA GAGNON ADAMS -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

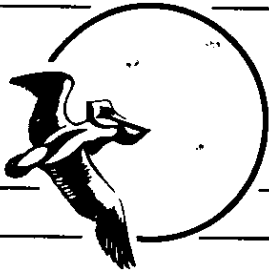
02/07/2003

Date

305-579-0512

Daytime Phone #

CR2E081 (10/02)



PBM

PROFESSIONAL BAYWAY MANAGEMENT COMPANY

February 7, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I'm requesting to have the Ciega Verde Unit Owner Association, Inc., Corporation reinstated. The previous years Uniform Business form was mailed to a post office box of the previous President and the Association had closed. The Form was never forwarded to our office for proper filing.

Enclosed is the reinstatement form and a check in the amount of \$122.50, please let me know if you need anything further. You may contact me at 727-866-3115.

Cordially,

Madelyn Wood,
Property Manager

