PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 93-98

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 APR 18 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04300

1. Corporation Name

COUNTRYSIDE VILLAGE CONDOMINIUM "3" ASSOCIATION, INC.

Principal Place of Business / Mailing Address

18995 N.W. 62ND AVENUE
HIALEAH, FLORIDA 33015

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

c/o SPM Group, Inc.
Suite, Apt. #, etc.
2151 Le Jeune Rd. Suite-305
City & State
Coral Gables, FL
Zip 33134 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/20/1984

5. FEI Number 59-2431879 | Applied For | Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Alexis Marcial	18995 NW 62nd Ave apt 208	Miami, FL 33015
VP	Luisa Suárez	18995 NW 62 Ave #208	Miami, FL 33015-5055
T/S/D	Maria S. Coello	18995 N.W 62nd 101	Miami FL 33015-5055

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REINSTATEMENT 93-98

A. Alan 4/18/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
c/o SPM Group Inc.
Street Address (P.O. Box Number is Not Acceptable)
2151 Le Jeune Road
Suite, Apt. # Etc
305
City Coral Gables State FL Zip Code 33134

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent — REGISTERED AGENT MUST SIGN

Date 2/26/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: X Alexis Marcial
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/98 Date (305) 444-6757 Daytime Phone #