

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 27 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04300

1. Corporation Name
Countryside Village Condominium
"3" Association, Inc.

2. Principal Office Address 2500 NW 97 Ave.
3. Mailing Office Address 2500 NW 97 Ave.

Suite, Apt. #, etc. 200

City & State Miami, FL

Zip 33166 **Country** USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

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. Name and Address of Current Registered Agent

Name EDUARDO ROTUNDO

Street Address (P.O. Box Number is Not Acceptable) 2500 NW 97th Ave

Suite, Apt. #, Etc. 200

City Miami

State FL **Zip Code** 33172

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 7/27/01

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
D	FUNDORA, JOSE L.	18995 NW 62 AVE #202	MIAMI FLA 33015
D	MUNOZ, EDUARDO M.	18995 NW 62 AVE #201	MIAMI FLA 33015
D	MURCH, DIANE	18995 NW 62 AVE #106	MIAMI FLA 33015

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE L. JULY 25 305 -
FUNDORA 2001 620-2455

Date

Daytime Phone #