

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAY 11 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N06000000025

1. Corporation Name

CLUB CARIBE CONDOMINIUM ASSOCIATION

2. Principal Office Address - No P.O. Box #  
1804 SHERMAN STREET

3. Mailing Office Address  
1804 SHERMAN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
HOLLYWOOD, FL

City & State  
HOLLYWOOD, FL

Zip  
33020

Country  
USA

Zip  
33020

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 2/24/2009

5. FEI Number  
205806651

☐ 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  
TRUSTEE & RECEIVER SERVICE COMPANY, LLC

Street Address (P.O. Box Number is Not Acceptable)  
2699 STIRLING ROAD

Suite, Apt. #, Etc.  
A-201

City  
FT. LAUDERDALE

State Zip Code  
FL 33312

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date 5/4/09

REGISTERED AGENT MUST SIGN

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
PD	WOLFARTH, ROBERT J	1605 BAY ROAD, SUITE 401	MIAMI BEACH, FL 33139
VPD	WOLFARTH, ROBERT J II	1605 BAY ROAD, SUITE 401	MIAMI BEACH, FL 33139
STD	WOLFARTH, KATHLEEN	1605 BAY ROAD, SUITE 401	MIAMI BEACH, FL 33139
REC	TOLZ, MARIKA	1804 SHERMAN STREET	HOLLYWOOD, FL 33020
		RH	
	REINSTATEMENT		

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 contained in Chapter 119, 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

MARIKA TOLZ, RECEIVER

Date

Daytime Phone #

5/4/09

9549236536