

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL -7 PM 12:26

DOCUMENT # **107652**

1. Corporation Name

**CARMEL AT THE CALIFORNIA CLUB
Condominium "16" Assoc., Inc.**

2. Principal Office Address - No P.O. Box #
2200 NW 102 AVENUE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
#5

Suite, Apt. #, etc.
SAME

City & State
DORAL, FL

City & State
SAME

Zip
33172

Country
USA

Zip
SAME

Country
SAME

05/27/08 9043 020122,50
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
N07652

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
C. Arteaga

Street Address (P.O. Box Number is Not Acceptable)
2200 NW 102 AVENUE

Suite, Apt. #, Etc.
#5

City
DORAL

State
FL

Zip Code
33172

☒ 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.

400158215454

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]

Date **MAY 18, 2009**

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 |
|--------|--------------------------------------|---|--------------------|
| P | GRANT, KATIE | 2200 NW 102 AVE #5 | DORAL, FL 33172 |
| VP | PEREZ, NILDA E. | 2200 NW 102 AVE #5 | DORAL, FL 33172 |
| T | DE ARMAS TROWSDALE, REINA | 2200 NW 102 AVE #5 | DORAL, FL 33172 |
| | | | |
| | | | |
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REINSTATEMENT 07-09

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: *[Signature]* GRANT, KATIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/18/2009
Date

305-444-6757
Daytime Phone #