PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 04

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -2 AM 10:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N07784

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02/02/04--01095--022 **70.00

1. Corporation Name
Richmond Heights Homeowners' Association Inc.

2. Principal Office Address	3. Mailing Office Address
13900 Harrison St.	13900 Harrison St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33176 Country: Dade	Zip: 33176 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 1985

5. FEI Number: 59-250-2519 ☐ 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: James L. Marshall
Street Address (P.O. Box Number is Not Acceptable): 13900 Harrison street
Suite, Apt. #, Etc.:
City: Miami. State: FL Zip Code: 33176

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: 1/10/2004
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	James L. Marshall	13900 Harrison St.	Miami, Fla. 33176
S. VP.	Margaret Cruz	14541 Monroe St.	Miami, Fla. 33176
VP.	Perley Richardson Jr.	1464 S.W. 106 Ave.	Miami, Fla. 33176
T.	Francis Moore	10711 S.W. 152 St	Miami, Fla. 33176
Membership Clerk	Barbara McKenson	14201 Polk St.	Miami, Fla. 33176
C.	Willie Bonbry	11512 S.W. 136th Terrace	Miami, Fla. 33176
D.	Thomas Whitehead	14831 Polk St.	Miami, Fla. 33176
D.	Victor Jones	14131 Jackson St.	Miami, Fla. 33176
D.	Pearley Richardson Sr	14641 S.W. 106 Ave	Miami, Fla. 33176
D.	Sharon Lee Cordy	14535 S.W. 108 Ct	Miami, Fla. 33176

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: James L. Marshall President 1/10/2004 305-232-3458 305-235-7731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #