

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 22 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N09942**

**1. Corporation Name**

Carmel at the California Club Condominium "19" Association, Inc.

**2. Principal Office Address**

3300 University Drive

Suite, Apt. #, etc.

#405

City & State

Coral Springs, Fl.

Zip

33065

Country

USA

**3. Mailing Office Address**

3300 University Drive

Suite, Apt. #, etc.

#405

City & State

Coral Springs, Fl.

Zip

33065

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-2564866

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

United Community Management Corp

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

3300 University Drive

Suite, Apt. #, Etc.

#405

City

Coral Springs

State

FL

Zip Code

33065

**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

UNITED COMMUNITY MANAGEMENT CORP.

REGISTERED AGENT MUST SIGN

Date 3/30/03

**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	Sheffield, Kimber-Lee	909 N.E. 199 Street # 102	Miami, Fl. 33129
SD	Garcia, Jesus	909 N.E. 199 Street # 206	Miami, Fl. 33129

**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:**

*Kimber Sheffield, pro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)