

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N10218**

1. Corporation Name

COUNTRYSIDE VILLAGE CONDOMINIUM "7"  
ASSOCIATION, INC.

Principal Place of Business

18965 N.W. 62ND AVENUE  
HIALEAH, FLORIDA 33015

Mailing Address

c/o SPM Group Inc.  
2151 Le Jeune Road suite #305

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/16/1985

5. FEI Number

59-2564877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

4

City / State / Zip

PD CURT R. WILD, JR 18965 N.W. 62ND AVE #212 MIAMI FL

VPD PEDRO BONZALEE 18965 N.W. 62ND AVE #210 MIAMI FL

T/D TANYA DIAZ 18965 N.W. 62ND AVE #202 MIAMI FL

300002397903-1

01/13/98-01034-003

95\*\*\*370.75 \*\*\*\*358.75

**REINSTATEMENT**

56 1.12-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

c/o SPM Group Inc.

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

2151 Le Jeune Road

Suite, Apt. #, Etc.

Suite - 305

City

Coral Gables

State

FL

Zip Code

33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Curt R. Wild Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/97

Date

Area Code (305)

592-9933

Daytime Phone