

Carlos

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 14 PM 1:49

DOCUMENT # **N11334**
1. Corporation Name
Carmel at the California Club Condominium "23" ASSOC., Inc.

05/28/09 01017 010 #183.75
CR2E081 (12/08)

KS

2. Principal Office Address - No P.O. Box # 2200 NW 102 AVE.		3. Mailing Office Address SAME	
Suite, Apt. #, etc. #5		Suite, Apt. #, etc. SAME	
City & State Doral, FL		City & State	
Zip 33172	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Carla Arteaga

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

Suite, Apt. #, Etc.
SAME #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.

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.	Reina de Armas Troya	2200 NW 102nd Ave #5	Doral, FL 33172
VP	Nilda E. Perez	2200 NW 102 AVE, #5	Doral, FL 33172
T	Katie Grant	2200 NW 102 AVE #5	Doral, FL 33172

REINSTATEMENT **07-09** **000158215560**
07/07/08--01032--010 #461.25

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] Date 5/18/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #