PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JAN 12 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13569

1. Corporation Name

COUNTRYSIDE VILLAGE CONDOMINIUM "9" ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18845 N.W. 62ND AVENUE HIALEAH, FLORIDA 33105	SPM Group Inc. 2151 Le Jeune Rd S#305 Coral Gables, Fl, 33134

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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	4. Date Incorporated or Qualified To Do Business in Florida
2151 Le Jeune Rd.		02/24/1986
Suite, Apt. #, etc. 305	Suite, Apt. #, etc.	5. FEI Number 59-2802093 ☐ Applied For ☐ Not Applicable
City & State Coral Gables, Fl	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip 33134 Country US	Zip Country	

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

1 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	DENICE ACUAZZO	18845 NW 62 Ave #305	MIAMI, FL.
VD	ADRIANA CACERO	" " " #308	MIAMI, FL.
T/SD	JASMYNE BORGES	" " " #305	MIAMI,

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REINSTATEMENT

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: SPM Group Inc. Street Address (P.O. Box Number is Not Acceptable): 2151 Le Jeune Road Suite, Apt. #, Etc.: 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: [signature] DENISE ACUAZZO 10/15/97 526-2806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #