

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 AUG 27 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14890

1. Corporation Name

Countryside Village Condominium
"10" Association Inc.

100004571541--3

-03/06/01--01020--014

****726.25 ****726.25

2. Principal Office Address

2500 NW 97 Ave.

3. Mailing Office Address

2500 NW 97 Avenue

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Miami, FL

City & State

Miami, FL

Zip

33172

Country

USA

Zip

33172

Country

USA

REINSTATEMENT

93-01

4. Date Incorporated or Qualified
To Do Business in Florida

05-13-86

5. FEI Number

59-2725774

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

EDUARDO Rotundo

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

2500 NW 97th Ave.

Suite, Apt. #, Etc.

200

City

Miami

State

FL

Zip Code

33172

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]

REGISTERED AGENT MUST SIGN

Date

7/27/01

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
D	DRISCOLL, JAMES M.	18815 NW 62 AVE #202	HIALEAH FL 33015
D	WETHERINGTON, SANDRA	18815 NW 62 AVE #208	HIALEAH FL 33015
D	JONES, BARBARA E.	18815 NW 62 AVE #104	HIALEAH FL 33015

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:

[Signature]

JAMES M
DRISCOLL

JULY 21
2001

305
628-0853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #