PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN -9 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700009983057
01/09/03--01030--006 **175.00

REINSTATEMENT

700009983057
01/09/03--01030--007 **61.25

02

DOCUMENT # N17457

1. Corporation Name
COUNTRYSIDE VILLAGE CONDOMINIUM "11" ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
27553 S DIXIE HWY	27553 S DIXIE HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33032 Country: DADE	Zip: 33032 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/86

5. FEI Number: 65-0038387 ☐ 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: MILAGROS FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable): 27553 S DIXIE HWY

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33032

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 _____ REGISTERED AGENT MUST SIGN Date 01/03/03

CR2E081 (10/02)

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	POWELL, SHARON	19055 NW 62nd AVE 104	MIAMI, FL 33015
VPD	CALLEJAS, JAVIER	18965 NW 62 AVE 209	MIAMI, FL 33015
SD	WALTERS, CAROLYN	19025 NW 62 AVE 104	MIAMI, 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: SHARON POWELL PD Sharon Powell 01/03/03 305-242-7176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #