Pg 1 of 2

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

11 MAR -9 AM 9:24

DOCUMENT # N21544

1. Corporation Name
THE CORAL GABLES BAR ASSOCIATION, INCORPORATED

REINSTATEMENT 10-11

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1801 Ponce De Leon Blvd.		P.O. Box 140189	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PH	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country Miami-Dade	Zip 33114	Country Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida 7/14/87

5. FEI Number 59 2823417 ☐ 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: Jane Muir

Street Address (P.O. Box Number is Not Acceptable): 2655 South LeJeune Road

Suite, Apt. #, Etc.: Suite 500

City: Coral Gables | State: FL | Zip Code: 33134

000191772370
03/09/11--01032--021 **61.25

000191772370
01/18/11--01057--003 **236.25

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 12/15/10

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/D	John Herrera	1801 Ponce De Leon Blvd.	Coral Gables, FL 33134
PE/D	Bruce M. Bounds	1401 Brickell Ave. Ste. 825	Miami, FL 33131
D	Michelle De Bianchi	1801 Ponce De Leon Blvd.	Coral Gables, FL 33134
S/D	Kayle Riera-Gonzalez	1395 Brickell Ave. Ste. 1400	Miami, FL 33131
D	Pedro A. Herrera	100 Miracle Mile Ste. 300	Coral Gables, FL 33134
D	Jerome Kavulich	2655 South Le June Rd.	Coral Gables, FL 33134

10. E-mail Address: BBounds@Raffertylawyers.com
(To be used for future annual report notification)

11. 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. I further certify, 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] 12/15/10

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

TITLE	NAME OF OFFICER/DIRECTORS	ADDRESS
D	James P.E. Roen	2655 South LeJeune Road Suite 500 Coral Gables, FL 33134
D	Kenneth R. Harrison, Sr.	100 Miracle Mile Suite 300 Coral Gables, FL 33134
D	Javier L. Gonzalez	999 Ponce de Leon Road Suite 1135 Coral Gables, FL 33134
D	Domingo A. Gonzalez	6291 Bird Road Miami, FL 33155
D	Gregory J. Iamunno	1421 NW North River Drive Miami, FL 33125
T/D	Jane Muir	2655 South LeJeune Road Suite 500 Coral Gables, FL 33134