

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP 29 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N26663

1. Corporation Name

**Old Cutler Cove Homeowners
Association, Inc.**

2. Principal Office Address

31 Gables Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

31 Gables Blvd

Suite, Apt. #, etc.

City & State

Weston FL.

Zip

33326

Country

USA

City & State

Weston FL

Zip

33326

Country

USA.

4. Date incorporated or qualified
to do business in Florida

5. FEI Number

650099436

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

c/o Office of Joseph Padron, CPA

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

13358 SW 128 Street

(attn: Julio)

*******61.25 *****61.25**

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

6/26/00

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	Karen Kirby	7664 SW 147 Street	Miami, FL 33158
VP/D	Pete Larricq	14701 SW 76 Avenue	Miami, FL 33158
T/D	Alex Astudillo	7620 SW 148 Terrace	Miami, FL 33158
S/D	Vivian Batule	14911 SW 75 Ct.	Miami, FL 33158

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-10/20/00-01078-021

******420.00 ****420.00**

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] Karen Kirby Pres.

8/6/00 (305)

Date

Daytime Phone #