

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 29 AM 10:12

DOCUMENT # N30033

1. Corporation Name

SAN SIMEON AT THE CALIFORNIA CLUB HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

21300 SAN SIMEON WAY  
NO. MIAMI BEACH FL 33179  
US

21300 SAN SIMEON WAY  
NO. MIAMI BEACH FL 33179  
US



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

01/04/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0115983

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

800004686109--3

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City & State
PD TD	REGNER, NELSON SILVI, LUIS	21300 SAN SIMEON WAY #0-6 253 NE 211 <sup>th</sup> TERRACE	N MIAMI BCH FL 33179
VPD PD	HICKEIN, MARK	368 NE 211TH TERRACE 213 NE 211 <sup>th</sup> TERRACE	N MIAMI BCH FL 33179
SD	AGSAEL, MOISES	21300 SAN SIMEON WAY #0-5	N MIAMI BEACH FL 33179
VPD	ALFREDO, JULIAN	21101 NE 3 CT	N MIAMI BCH FL 33179
D	MARTINO, PERRY BERNAUDO, ANIBAL	21300 SAN SIMEON WAY #L-7 21117 NE 3 <sup>rd</sup> COURT	N MIAMI BCH FL 33179
S	Pimenta, alexandra	21300 SAN SIMEON WAY #0-3	N MIAMI BEACH FL 33179

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REGNER, NELSON  
21300 SAN SIMEON WAY #0-6  
N MIAMI BCH FL 33179

Name HICKEIN, MARK B.  
Street Address (P.O. Box Number is Not Acceptable)  
21300 SAN SIMEON WAY  
Suite, Apt. #, Etc.  
# Club House  
City N. MIAMI BEACH  
State FL Zip Code 33179

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

*Mark B. Hickein*

REGISTERED AGENT MUST SIGN

Date 10/18/01

*ABM/15*

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 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:

*Mark B. Hickein* MARK B. HICKEIN

Date

10/18/01 305-654-9201

Daytime Phone #

CR2E040 (8/01)