

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 JUN 12 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



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

*Handwritten initials*

2/1/02 90011 038 11-25

4. Date Incorporated or Qualified To Do Business in Florida: **APRIL 13, 1989**

5. FEI Number: **65-0124848** Applied For:  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  SB-75 Additional Fee required for a Certificate of Status

DOCUMENT # **N32058**

1. Corporation Name  
**CARRIAGE CLUB SOUTH CONDOMINIUM ASSOC., INC.**  
**5001 COLLINS AVENUE**  
**MIAMI BEACH, FL. 33140**

2. Principal Office Address: **SAME**

3. Mailing Office Address: **SAME**

Suite, Apt. #, etc.: **-**

City & State: **MIAMI BEACH**

Zip: **33140** Country: **U.S.A.**

7. Name and Address of Current Registered Agent

Name: **JAMES L. METTS**

Street Address (P.O. Box Number is Not Acceptable): **5001 COLLINS AVENUE**

Suite, Apt. #, Etc: **-**

City: **MIAMI BEACH,** State: **FL** Zip Code: **33140**

800005431826-0  
-05/02/02-01068-014  
\*\*\*\*174.75\*\*\*\* 74.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent: *James L. Metts* Date: **5-17-2002**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES. DIR.	KARL S. KRITZ	5001 COLLINS AVE. - #15D	MIAMI Bch., FL. 33140
V.P. DIR.	ANTHONY ACCETTA	5001 COLLINS AVE. - #15E	MIAMI Bch., FL. 33140
Sec. DIR.	ESTHER KOVAL	5001 COLLINS AVE. - #2B	MIAMI Bch., FL. 33140
TREAS. DIR.	BEATRICE HORNSTEIN	5001 COLLINS AVE. - #9R	MIAMI Bch., FL. 33140
DIR.	ROBERTO GUEVENTER	5001 COLLINS AVE. - #12E	MIAMI Bch., FL. 33140
DIR.	LINDA KEESAN	5001 COLLINS AVE. - #PH4	MIAMI Bch., FL. 33140

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 607.0601 or 617.0601, 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)(f), 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: *A. Accetta* **ANTHONY ACCETTA, V.P.** Date: **5-17-2002** (305) 864-7370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRJ 001 15-01