

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N34171**

1. Corporation Name

SOUTH GROVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 330048
COCONUT GROVE FL 33133

Mailing Address

P.O. BOX 330048
COCONUT GROVE FL 33133

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

09/12/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0172386

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
TD	PARNES, LAURENCE	3645 N BAYHOMES DR	COCONUT GROVE FL
PD	WECHSLER, LOUIS G.	3669 ROYAL PALM AVE	COCONUT GROVE FL
SD	COBB, THOMAS C.	3525 ROYAL PALM AVE.	COCONUT GROVE FL 33133
D	BERNSTEIN, ROGER M.	69 Merrick Way, Suite 201	Coral Gables, FL 33134

REINSTATEMENT

8. Name and Address of Current Registered Agent

WECHSLER, LOUIS G
3669 ROYAL PALM AVE
COCONUT GROVE FL 33133

9. Name and Address of New Registered Agent

Name
ROGER M. BERNSTEIN, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
69 Merrick Way, Suite 201
Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33134

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

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #