

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 NOV -1 PM 2:27

**DOCUMENT # N38221**

1. Corporation Name  
**SAN SIMEON HOMES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address

21300 SAN SIMEON WAY 21300 SAN SIMEON WAY  
 NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179  
 US US



REINSTATEMENT 01

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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **05/17/1990**

5. FEI Number **65-0267214** Applied For Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
P	SILVI, LUIS	253 NE 211 TERRACE	N MIAMI BEACH FL 33179
VPD	MANDOWSKU, JACQUES	302 NE 211 TERRACE	N. MIAMI BEACH FL 33179
TD	SCALIA, OSWALDO	21240 NE 3RD CT	N. MIAMI BEACH FL 33179
SD	GREGORIO, JULIAN	241 NE 211 ST	N. MIAMI BEACH FL 33179
VPD	BERNAUDO, ANIBAL	21117 NE 3RD CT	N. MIAMI BEACH FL 33179

8. Name and Address of Current Registered Agent

SILVI, LUIS  
 253 NE 211TH TERR  
 N MIAMI BCH FL 33179

9. Name and Address of New Registered Agent

Name: *Luis Silvi*

Street Address (P.O. Box Number is Not Acceptable)  
*21300 SAN SIMEON WAY - club house*

Suite, Apt. #, Etc.  
*NORTH MIAMI BEACH*

City State Zip Code  
 FL 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 *[Signature]* Date *10/29/01*

REGISTERED AGENT MUST SIGN

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: *[Signature]* Date *10-19-01*

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

CR2640 (801)