

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N49548

1. Corporation Name

COCO GROVE NEIGHBORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O AL ARONSTEGHI
3649 ROYAL PALM AVE
COCONUT GROVE FL 33133

C/O AL ARONSTEGHI
3649 ROYAL PALM AVE
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1992

5. FEI Number

65-0344002

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
D	MACPAILLE, CATHERINE	3537 ROYAL PALM AVE	COCONUT GROVE FL 33133
D	BURGER, ALAN M.	9560 PALMETTO AVENUE	COCONUT GROVE FL 33133
D	PAUL, JAMES	3537 ROYAL PALM AVENUE	COCONUT GROVE FL
D	AL AROSTEGUI	3649 ROYAL PALM AVE	FL 33133 COCONUT GROVE
D	SANDY AROSTEGUI	3649 ROYAL PALM AVE	FL 33133 COCONUT GROVE
D	MICHELLE WALLGREEN	3649 PALMETTO AVE	FL 33133 COCONUT GROVE

8. Name and Address of Current Registered Agent

AROSTEGUI, AL
3649 ROYAL PALM AVE
COCONUT GROVE FL 33133

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 680003500006-5
City 12/20/00-01053-012
State Zip Code ****236-50
FL

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

REGISTERED AGENT MUST SIGN

Date 12-2-2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-446-5026

12-2-2000

KE