

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 18 PM 4:30

DOCUMENT # N94000001971

1. Corporation Name

Coconut Grove Crime Prevention Council, Inc

2. Principal Office Address - No P.O. Box #

3229 Gifford LN

Suite, Apt. #, etc.

3. Mailing Office Address

3229 Gifford LN

Suite, Apt. #, etc.

City & State

Coconut Grove

City & State

Coconut Grove

Zip

33133

Country

USA

Zip

33133

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04-20-1994

5. FEI Number
65-0544187

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert Loupo

Street Address (P.O. Box Number is Not Acceptable)

3229 Gifford LN

Suite, Apt. #, Etc.

City

Coconut Grove

State

FL

Zip Code

33133

300184458973
08/18/10--01029--001 **481.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date **8-10-2010**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Andres Lemos	2949 Shipping Ave	Coconut Grove, FL 33133
V President	Robert Loupo	3229 Gifford Ln	Coconut Grove, FL 33133
Secretary & Treasurer	John Fitzgerald	4831 SW 5th St	Miami, FL 33134

REINSTATEMENT 06-10
BS 8/18/10

10. E-mail Address: **Andres@MiamiWaterViewProperties.com**

(To be used for future annual report notification)

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. I further certify, 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:

Andres Lemos

8-11-10

305 409 3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #