PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE * APPLICATION Sandra B. Mortham **FOR** Secretary of State division of componations FILED REINSTATEMENT N96000006287 DOCUMENT # 98 MAY -4 AM 11:58 1. Corporation Name NATALIE'S COVE HOMEOWNERS'S ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 12115 NATALIE COVE ROAD 12115 NATALIE COVE ROAD COOPER CITY FL 33330 COOPER CITY FL 33330 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 12/10/1996 Suite, Apt. #, etc. FEI Number Applied For City & State Not Applicable 6 \$8.75 Additional Fee required for a Certificate of Status Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) D CURBELO, ROBERTO JR. 8855 SW 27 STREET MIAMI FL 33165 D KATSIKOS, PAUL 12115 NATALIE COVE ROAD COOPER CITY FL 33330 D **ESQUIVEL. NIURKA** 12115 NATALIE COVE ROAD COOPER CITY FL 33330 600002520926----05/12/98--01095--017 ****297.50 ****297.50 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent しいんかしに RoberT BARED, PABLO R ESO Street Address (P.O. Box Number is Not Acceptable) 13123 SW 64 COURT **MIAMI FL 33156** Sulte, Apt. #, Etc. MIAMI 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 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes 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 filling 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 fue and accurate, and my signature shall have the same legal effect as if made under oath.

Daytime Phone #

Date

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR