OCT-26-2001 FRI 03:36 PM FAX NO. P. 03

SEP-24-2001 MON 12:51 PM FAX NO. P. 02

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # N96000006787

1. Corporation Name: Natalie's Cove Homeowners Association, Inc.

REINSTATEMENT 99-01

2. Principal Office Address	3. Mailing Office Address
8855 SW 27 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State
Zip: 33165 County: U.S.A.	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/10/1996

5. FEI Number: X 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: Roberto Curbelo

Street Address (P.O. Box Number is Not Acceptable): 8855 S.W. 27 street

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33165

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: [signature] REGISTERED AGENT MUST SIGN Date: 10/26/01

CR2E061 (8/00)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Roberto Curbelo	8855 S.W. 27 Street	Miami, Fla. 33165
D	Paul Katsikos	12115 Natalie's Cove Rd	Cooper City, Fl. 33330
D	Niurka Esquivel	12115 Natalie's Cove Rd	Cooper City, Fl. 33330
			AD

10. I certify that I am an officer or director of the reviver 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] 10/26/01

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

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

NATALIE'S COVE HOMEOWNERS'S ASSOCIATION, INC.

Certificate of Status	0
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