

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 30 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000001459**

1. Corporation Name  
**CRESTVIEW ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
2121 PONCE DE LEON BLVD STE 711 2121 PONCE DE LEON BLVD STE 711  
CORAL GABLES FL 33134 CORAL GABLES FL 33134



200002702572--3

-12/03/98-01110-011

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>7975 N.W. 154th St</b>	3. New Mailing Office Address, If Applicable <b>7975 N.W. 154th St.</b>	4. Date Incorporated or To Do Business in Florida <b>03/17/1997</b>
Suite, Apt. #, etc. <b>S-400</b>	Suite, Apt. #, etc. <b>S-400</b>	5. FEI Number <b>APPLIED FOR</b>
City & State <b>Miami Lakes Fl.</b>	City & State <b>Miami Lakes Fl.</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>33016</b>	Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
		<b>\$8.75 Additional Fee required For a Certificate of Status</b>

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	City / State / Zip
<del>PD</del>	<del>BIGHACHI, MOISES</del>	<del>3912 W 12 AVE</del>	<del>HALEAH FL 33012</del>
<del>VD</del>	<del>SCHECHNER, MARK</del>	<del>2121 PONCE DE LEON BLVD STE 711</del>	<del>CORAL GABLES FL 33134</del>
<del>STD</del>	<del>BIGHACHI, OLGA</del>	<del>3912 W 12 AVE</del>	<del>HALEAH FL 33012</del>
PD	Silvio Cardoso	7975 N.W. 154th St. S-400	Miami Lakes, Fl. 33016
VD	Robert Briele	7975 N.W. 154th St S-400	Miami Lakes, Fl. 33016
SD	THEMIS BARREIRO	7975 N.W. 154th St. S-400	Miami Lakes, Fl. 33016

8. Name and Address of Current Registered Agent SCHECHNER, MARK 2121 PONCE DE LEON BLVD STE 711 CORAL GABLES FL	9. Name and Address of New Registered Agent Name: <b>Robert Briele</b> Street Address (P.O. Box Number is Not Acceptable): <b>7975 N.W. 154th St.</b> Suite, Apt. #, Etc.: <b>S-400</b> City: <b>Miami Lakes</b> State: <b>FL</b> Zip Code: <b>33016</b>
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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: *Robert Briele* **SIGNATURE REQUIRED** Date: 11/18/98  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

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 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: *Silvio A. Cardoso* **SIGNATURE REQUIRED** Date: 11/24/98 Daytime Phone #: 305-558-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (8/98)