

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N97000001459**

1. Corporation Name

CRESTVIEW ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2121 PONCE DE LEON BLVD STE 711
 CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD STE 711
 CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

7975 N.W. 154th St.

Suite, Apt. #, etc.

S-400

City & State

Miami Lakes Fl.

Zip

33016

Country

USA

3. New Mailing Office Address, If Applicable

7975 N.W. 154th St.

Suite, Apt. #, etc.

S-400

City & State

Miami Lakes Fl.

Zip

33016

Country

USA

4. Date Incorporated or
 To Do Business in Florida

12/03/98 **01110-011**
236.25 *****236.25**
03/17/1997

5. FEI Number

APPLIED FOR

☒ 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	City / State / Zip
PD	BIGHACHI, MOISES	3912 W 12 AVE	HALEAH FL 33012
VD	SCHECHNER, MARK	2121 PONCE DE LEON BLVD STE 711	CORAL GABLES FL 33134
STD	BIGHACHI, OLGA	3912 W 12 AVE	HALEAH FL 33012
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 **Robert Briele**
 Street Address (P.O. Box Number is Not Acceptable)
7975 N.W. 154th St.
 Suite, Apt. #, Etc.
S-400

City

Miami Lakes

State

FL

Zip Code

33016

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

Signature Required

REGISTERED AGENT MUST SIGN

Date

11/18/98

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Silvio A. Cardoso

Date

11/24/98

Daytime Phone #

305-558-2600

CR2540 (8/98)