PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2019 AUG -2 PM 1:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15000083853

1 Corporation Name

20191 E COUNTRY CLUB DR UNIT 401 CORP

500332738295
08/02/19--01003--001 **750.00

2 Principal Office Address	3 Mailing Office Address
20191 E COUNTRY CLUB DRIVE	20191 E COUNTRY CLUB DRIVE
Suite Apt # etc: 401	Suite Apt # etc:
City & State: AVENTURA FL	City & State: AVENTURA FL
Zip: 33180 Country: US	Zip: 33180 Country: US

4 Date Incorporated or Qualified To Do Business in Florida: 10/09/2015

5 FEI Number: 47-5291332 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: DEBORA MARKMAN

Street Address (P O Box Number is Not Acceptable): 20191 E COUNTRY CLUB DRIVE

Suite Apt # etc: 401

City: AVENTURA State: FL Zip Code: 33180

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: 07-22-19

(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
P/D	DEBORA MARKMAN	20191 E COUNTRY CLUB DRIVE#401	AVENTURA, FL 33180

10. E-mail Address: elisaleone67@hotmail.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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ 07-22-19

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

T MOORE