

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

1999 JUL 27 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P96000006 284

1. Corporation Name  
CABANA CLUB MANAGEMENT INC

Principal Place of Business Mailing Address  
19701 SW 110 Court  
Miami Florida 33157

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip\* Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number  
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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	PETER BUNASSAC	19701 SW 110 Court	Miami FL 33157
VP/Secy	CAROLYN A SAKOLSKY	5233 FISHER ISLAND DR.	FISHER ISLAND FL 33109
			5.000002945885--3 -07730789--01043--001 ****900.00 ****900.00

8. Name and Address of Current Registered Agent  
CAROLYN A SMITH, ESQ.

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FISHER ISLAND FL 33109

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: Carolyn A Smith Date: 7-15-99  
REGISTERED AGENT MUST SIGN

11. This corporation owes 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)(j), 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: Carolyn A Smith Date: 7-15-99 Daytime Phone #: 305-443-4376  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CAROLYN A S. SAKOLSKY

CRZEDBT (12/98)