

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 30 PM 5:01

DOCUMENT # P99000024123

1. Corporation Name

CCG AT DORAL, INC.

Principal Place of Business

Mailing Address

C/O ARMANDO J. BUCELO, JR., ESQ.  
1401 PONCE DE LEON BLVD., SUITE 401  
CORAL GABLES FL 33134

C/O ARMANDO J. BUCELO, JR., ESQ.  
1401 PONCE DE LEON BLVD., SUITE 401  
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

C.C.G. AT DORAL INC

3. New Mailing Office Address, If Applicable

4400 NW 79th Ave

Suite, Apt. #, etc.

4400 NW 79th Ave

Suite, Apt. #, etc.

4400 NW 79th Ave

City & State

MIAMI FLORIDA

City & State

Miami FL

Zip

33166

Country

Dade

Zip

33166

Country

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/1999

5. FEI Number

65-09-04-179

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 of Each Officer and/or Director	City / State / Zip
1	2	3	4
XX	BUCELO, ARMANDO J. ESQ.	1401 PONCE DE LEON BLVD. SUITE	CORAL GABLES FL 33134
D	C.C.G. AT DORAL INC Luis Cruz	4400 NW 79th Avenue	Miami, FL 33166

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUCELO, ARMANDO J. ESQ.  
1401 PONCE DE LEON BLVD.  
SUITE 401  
CORAL GABLES FL 33134

Name

Luis Cruz

Street Address (P.O. Box Number is Not Acceptable)

4400 NW 79th Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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

10/18/00

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/00 305-592-1527