

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000050461

1. Corporation Name

GOOD NEIGHBORS VILLAS I, INCORPORATED

Principal Place of Business

Mailing Address

~~899 BRICKELL AVENUE, NINTH FLOOR~~
~~MIAMI FL 33101~~

~~899 BRICKELL AVENUE, NINTH FLOOR~~
~~MIAMI FL 33131~~

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

2. New Principal Office Address, If Applicable

3250 MARY ST.

Suite, Apt. #, etc.

308

City & State

COCONUT GROVE FL

Zip

33133

Country

MIAMI-DADE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1999

5. FEI Number

65-0886362

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
D	BERMAN, DANA	899 BRICKELL AVENUE, NINTH FLOOR	MIAMI FL 33131
D	FREYER, MICHAEL	899 BRICKELL AVENUE, NINTH FLOOR	MIAMI FL 33101
D/P	BERMAN, DANA	3250 MARY ST. # 308	COCONUT GROVE FL 33133
			300003582793-8 -01/26/01--01155--021 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CRONIG, STEVEN C ESQ
C/O STEVEN CARLYLE CRONIG & ASSOCIATES PA
~~801 COURVOISIER CENTRE 501 BRICKELL KEY DR~~
~~MIAMI FL 33131-2623~~

9. Name and Address of New Registered Agent

Name

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

3250 MARY ST.

Suite, Apt. #, Etc.

307

City

COCONUT GROVE

State

FL

Zip Code

33133

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 1/9/2001

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.

KE

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-341-0600

CR2E040 (8/00)