PLEASE READ ALL INSTRUCTIONS BEFORE CC

~~APPLICATION FOR REINSTATEMENT~~

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

FILED
Sep 19 1996 8:00 am
Secretary of State

DOCUMENT # **M44559** 1996 AR

1. Corporation Name

SOUTH FLORIDA MAINTENANCE SERVICES, INC.

Principal Place of Business	Mailing Address
6700 S.W. 21 ST. MIAMI FL 33155	6700 S.W. 21 ST. MIAMI FL 33155

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

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

4. Date Incorporated or Qualified To Do Business in Florida: **01/09/1987**

5. FEI Number: **59-2766887** ☐ 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)

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
P	INFANTE, JOSE M., JR.	3225 BIRD AVENUE	MIAMI FL
			300001952463 -09/20/96--01021--010 ****225.00 ****225.00
			U. Alan 9-19-96

8. Name and Address of Current Registered Agent

INFANTE, JOSE M.
6700 S.W. 21 ST.
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name: Carlos Triay, Esq
Street Address (P.O. Box Number is Not Acceptable): 999 Ponce de Leon
Suite, Apt. #, Etc.: 1110
City: Coral Gables State: FL Zip Code: 33134

CR2E040 (7/96)

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: _____ Date: 9/16/91
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: _____ JOSE' INFANTE 9/17/96 305-266-9616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #