

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000052610**

1. Corporation Name

BIARRITZ INVESTMENTS, INC.

Principal Place of Business

Mailing Address

~~201 S. DISCAYNE BLVD.~~
~~SUITE 1402~~
~~MIAMI FL 33131~~

~~201 S. DISCAYNE BLVD.~~
~~SUITE 1402~~
~~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
6811 Leonardo Street

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip
33146

Country

Miami-Dade

3. New Mailing Office Address, If Applicable

6811 Leonardo Street

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip
33146

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/1995

5. FEI Number

65-0597488

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ZORRILLA, JUAN C	201 S. DISCAYNE BLVD., SUITE 140- 6811 Leonardo Street	MIAMI FL 33131 Coral Gables, FL 33146
			7000002776947--3 -02/16/99--01051--001 ****900.00 ****900.00

REINSTATEMENT

98-99
100
2/8/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZORRILLA, JUAN C
~~OLLE, MACAULAY & ZORRILLA, P.A.~~
~~201 S. DISAYNE BLVD., SUITE 1402~~
~~MIAMI FL 33131~~

Name

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

6811 Leonardo Street

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

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 **2/4/99**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(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

JUAN C. ZORRILLA, Director

2/4/99
Date

(305) 530-3103
Daytime Phone #