

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



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

01 JUL -6 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000052610

1. Corporation Name

Biarritz Investments, Inc.

2. Principal Office Address

6811

Leonardo Street

Suite, Apt. #, etc.

3. Mailing Office Address

6811 Leonardo Street

Suite, Apt. #, etc.

City & State

Coral Gables, Fl

City & State

Coral Gable, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/7/1995

5. FEI Number

65-0597488

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

00-01

7. Name and Address of Current Registered Agent

Name

Juan C. Zorrilla

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

6811 Leonardo Street

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date 7-5-2001

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Zorrilla, Juan C.	6811 Leonardo Street	Coral Gables, Fl 33146

9000004462889-0

10. 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)(b), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-2001 (305) 860-3831

Date

Daytime Phone #

CR2E081 (3/00)



282

ACCOUNT NO. : 072100000032

REFERENCE : 211963 7272435

AUTHORIZATION :

COST LIMIT : \$~~1058.75~~

*Patricia P. [Signature]*

908.75

ORDER DATE : July 6, 2001

ORDER TIME : 11:27 AM

ORDER NO. : 211963-005

CUSTOMER NO: 7272435

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 JUL -6 PM 1:36  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

Angel M. Garcia-oliver, Esq  
Zorrilla & Garcia-oliver, Llc  
Suite 705  
2200 South Dixie Highway  
Miami, FL 33133

DOMESTIC FILINGS

NAME: BIARRITZ INVESTMENTS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS \_\_\_\_\_