

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

99 NOV -1 PM 1:35

DOCUMENT # P95000097426

1. Corporation Name

GENERAL BUSINESS RESOURCES OF FLA INC

Principal Place of Business

88 S. RIVER DR
MIAMI, FLA 33130
10050 SW 51 TERR
MIAMI, FLA 33165

Mailing Address

10050 SW 51 TERR
MIAMI, FLA 33165

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable

88 S. RIVER DR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10050 SW 51 TERR

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12-27-95

5. FEI Number

65-0632679

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
D	VIVIAN HERNANDEZ	10050 SW 51 TERR	MIAMI, FLA 33165
M	MANNY HERNANDEZ	10050 SW 51 TERR	MIAMI, FLA 33165

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

CMV Dist

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

10050 SW 51 TERR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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]
REGISTERED AGENT MUST SIGN

Date 10-30-99

11. This corporation owes 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

[Signature]

10-30-99

Date

305-271-2133

Daytime Phone #

CR0001 (12/98)