

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 OCT 29 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064670

1. Corporation Name

Bellamar Apartments, Inc.

Principal Place of Business

Mailing Address

12128 SW 75 ST

12128 SW 75 ST

Miami, FL 33183

Miami, FL 33183

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

2. New Principal Office Address, If Applicable

same

3. New Mailing Office Address, If Applicable

PO Box 83-1602

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

08/01/96

5. FEI Number

65-0688111

Applied For

Not Applicable

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33283

Dade

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	Jorge B. Muniz	12128 SW 75 ST	Miami, FL 33183
D	Nancy L. Muniz	12128 SW 75 ST	Miami, FL 33183
D	Antonio P. Muniz	9255 SW 117 Ave	Miami, FL 33186

REINSTATEMENT 9/8/98

8. Name and Address of Current Registered Agent

Jorge B. Muniz
12128 SW 75 ST
Miami, FL 33183

9. Name and Address of New Registered Agent

Name: 800002679568--4
Street Address (P.O. Box Number is Not Acceptable): 11/03/98 01099 009
Suite, Apt. #, Etc.: ****758.75 ****758.75
City: State: FL Zip Code:

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

REGISTERED AGENT MUST SIGN

Date

10/28/98

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)(f), 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

Nancy L. Muniz
NANCY L. MUNIZ

Date

10/28/98

Daytime Phone #

(303)
785-3636

CR25040 (12/95)