PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

98-99 AR

FILED
99 MAY 24 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000052603

1. Corporation Name

DORIS BERRIZ PA

Principal Place of Business
345 MICHIGAN AVE, APT 18
MIAMI BEACH, FL 33139

Mailing Address
345 MICHIGAN AVE, APT 18
MIAMI BEACH, FL 33139

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
345 MICHIGAN AVENUE
Suite, Apt. #, etc.
APT 18
City & State
MIAMI BEACH, FL
Zip 33139 Country

3. New Mailing Address, If Applicable
345 MICHIGAN AVENUE
Suite, Apt. #, etc.
APT 18
City & State
MIAMI BEACH, FL
Zip 33139 Country

4. Date Incorporated or Qualified To Do Business in Florida 6/12/1997

5. FEI Number
65-0776742
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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	BERRIZ, DORIS	345 MICHIGAN AVE, APT 18	MIAMI BEACH, FL 33139

100002896581--1
-06/07/99--01108--021
****900.00 ****900.00

REINSTATEMENT 98-99

8. Name and Address of Current Registered Agent

DORIS BERRIZ
3529 NE 171 STREET
N. MIAMI BEACH FL 33160

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
345 MICHIGAN AVENUE
Suite, Apt. #, Etc.
APT 18
City
MIAMI BEACH
State FL
Zip Code 33139

CR2E040 (12/95)

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 Doris Berriz Date 5/18/99
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.)

6/11/99

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Doris Berriz Doris Berriz 3/10/99 (305) 7855033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #