

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 98399 AR2
P97000054370

1. Corporation Name LENOX HOMES, CORP.

Principal Place of Business Mailing Address
7344 SW 48 Street SAME
Suite 203
Miami, Florida 33155

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

2. New Principal Office Address, If Applicable
7344 SW 48 St.

Suite, Apt. #, etc.

Suite 203

City & State

Miami, FL

Zip 33155

Country USA

3. New Mailing Office Address, If Applicable
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

June 19, 1997

5. FEI Number

65-0826122

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Hector Brito	7344 SW 48 St. #203	Miami, FL
V/P SEC.	Danilo Brito	7344 SW 48 St. 33155	Miami, FL
V/D	Janice Brito	7344 SW 48 St. #203	Miami, FL

8. Name and Address of Current Registered Agent

Mr. Fernando Aran
South Dixie Highway
Coral Gables, FL 33146

9. Name and Address of New Registered Agent

Name

Hector Brito

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

7344 SW 48 ST.

Suite, Apt. #, Etc.

203

City

Miami

State

FL

Zip Code

33155

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

6/14/99

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

Date

Daytime Phone #

6/14/99 667-0540
605)

99 JUN 21 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***300.00 ***300.00

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June 14, 1999

Florida Dept. Of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Lenox Homes, Corp.
Corp. Doc. # P97000054370

To whom it may concern:

We respectfully request reinstatement and a waiver of the penalty fees for the above referenced corporation. We did not receive the Annual Report.

Enclosed please find a check in the amount of \$300.00 and a completed 203 Form. The new mailing address has been reflected on the reinstatement application.

Thank you in advance for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to be "Hector Brito", written over the word "Sincerely,".

Hector Brito