

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 18 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023730

1. Corporation Name

3900 WEST FLAGLER STREET, INC.

Principal Place of Business

Mailing Address

3900 W FLAGLER STREET  
MIAMI FL 33134

3900 W FLAGLER STREET  
MIAMI FL 33134

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

03/12/1998

5. FEI Number

65-0825558

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	4 City / State / Zip
PD	COUTIN, JOSE A	925 NW 82ND AVENUE APT 212	MIAMI FL 33126

300024809003  
11/18/03-01085-022 \*\*150.00

*[Handwritten Signature]*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POUTIN, JOSE A  
925 NW 82ND AVENUE  
APT 212  
MIAMI FL 33126

Name *Jose A. Coutin Sr.*

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

*8961 SW 4 Lane*

Suite, Apt. #, Etc.

City *Miami*

State **FL**

Zip Code *83174*

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. or 617.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date

*11/12/03*

11. 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


*11/12/03*

Daytime Phone #

CR2E040 (7/03)

TO whom it may concern ;

My name is Jose Coutin, President of 3900 west Flagler street Inc. I am writing to you today due to the fact that I do not feel that I should have to pay 750.00 to reinstate my corporation if I never received a Bill. I am sending a check for 150.00, which is the amount that I feel is correct. If you have any questions please feel free to give me a call.

  
Jose Coutin  
(305) 227-7925