

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



98-99 AR

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

DOCUMENT # P97000052603

1. Corporation Name  
DORIS BERRIZ PA

Principal Place of Business Mailing Address  
345 MICHIGAN AVE, APT 18 345 MICHIGAN AVE, APT 18  
MIAMI BEACH, FL 33139 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	3. New Mailing Address, If Applicable 345 MICHIGAN AVENUE Suite, Apt. #, etc. APT 18 City & State MIAMI BEACH, FL Zip 33139	4. Date Incorporated or Qualified To Do Business in Florida 6/12/1997	5. FEI Number 65-0776742	Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See Florida Statutes for requirements</small>		

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
<p>REINSTATEMENT 98-99</p> <p>100002896581-1 06/07/99-01108-021 ****900.00 ****900.00</p>			

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
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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.)

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 3/20/99 (305) 785 5033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE040 (12/95)