

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 30 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 02 PO 0000069963

1. Corporation Name

Habitat Creators II, Inc

Principal Place of Business

Mailing Address

5920 SW 83rd St.  
S. Miami, FL 33143

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

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Francisco J Garcia III	5920 SW 83 St S.M	S. miami, FL 33143
VD	Julietta Q. Garcia	600 Grapevine Dr 8CS	Key Biscayne, FL 33149
SD	Julietta Q. Bared	5920 SW 83 St.	S. Miami FL 33143

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Pablo R. Bared, Esq  
Bared & Assoc PA  
1500 San Nemo Ave #177  
Coral Gables, FL 33146

Name

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

Suite, Apt. #, Etc.

City

State

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

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 #

CR2E081 (12/98)

**BARED & ASSOCIATES, P.A**  
ATTORNEYS AND COUNSELORS AT LAW

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1500 SAN REMO AVENUE  
SUITE 177  
CORAL GABLES, FL 33146  
TELEPHONE- (305) 666-6010—FAX (305) 666-2831  
[BARED@BAREDLAW.COM](mailto:BARED@BAREDLAW.COM)

December 27, 2002

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: Habitat Creators II, Inc.

To whom it may concern:

Pursuant to our telephone conference with your office, enclosed please find the Reinstatement Application together with \$150.00 for the filing fee on the above-referenced corporation.

The Uniform Business Report was sent to a previous address (1515 Mercado Avenue, Coral Gables, FL 33146) and not to 5920 SW 83<sup>rd</sup> Street, South Miami, FL 33143. Please update records to reflect the new address.

Thanking you in advance for your cooperation and Happy Holidays.

Sincerely,  
BARED & ASSOCIATES, P.A

  
By: Lourdes Martinez