


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 339745

1. Corporation Name

T & P PROPERTY INC

Principal Place of Business

441 VALENCIA AVE
602
MIAMI FL 33134
US

Mailing Address

441 VALENCIA AVE
602
MIAMI FL 33134
US

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

01/02/1969

5. FEI Number

59-1579276

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	THOMPSON,R	441 VALENCIA AVE, 602	CORAL GABLES FL 33134
D	PYFROM,R	441 VALENCIA AVE, 602	CORAL GABLES FL 33134
TSO	THOMPSON, DOROTHEA C	441 VALENCIA AVE, 602	CORAL GABLES FL 33134
			200002778482--4 -02/17/99--01080--004 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

ALVAREZ, MARY LOU RODON
~~880 S DIXIE HWY~~
~~CORAL GABLES FL 33146~~

9. Name and Address of New Registered Agent

Name

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

2222 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Penthouse Suite

City

Coral Gables

State

FL

Zip Code

33134

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

Mary Lou Rodon Alvarez

Date Feb 8, 1999

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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

Raymond Pyfrom

RAYMOND S PYFROM JAN 8/99 242-3224691

Date

Daytime Phone #

CR2E040 (9/96)