

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 13 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 353889

1. Corporation Name

FAMILY APARTMENT PROPERTIES INC

Principal Place of Business

Mailing Address

8281 S.W. 27TH STREET
MIAMI FL 33155

8281 S.W. 27TH STREET
MIAMI FL 33155

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

2. New Principal Office Address, If Applicable
1313 PONCE DE LEON BLVD.

3. New Mailing Office Address, If Applicable
1313 PONCE DE LEON BLVD.

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1969

Suite, Apt. #, etc.
SUITE 300

Suite, Apt. #, etc.
SUITE 300

5. FEI Number

59-1292960

Applied For

Not Applicable

City & State
CORAL GABLES, FLORIDA

City & State
CORAL GABLES, FLORIDA

Zip
33134

Country

Zip
33134

Country

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	ESKENAZI, ENRIQUE	8281 S.W. 27TH STREET 1313 PONCE DE LEON BLVD. #300	MIAMI FL CORAL GABLES, FL 33134
TD	ESKENAZI, VICTOR	8281 S.W. 27TH STREET 1313 PONCE DE LEON BLVD. # 300	MIAMI FL CORAL GABLES, FL 33134
S	ESKENAZI, VIRGINIA	8281 S.W. 27TH STREET 1313 PONCE DE LEON BLVD. # 300	MIAMI FL CORAL GABLES, FL 33134

3000003485613--5
-12/05/00--01013--011
****150.00 ****150.00

WUBR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESKENAZI, ENRIQUE
8281 S.W. 27TH STREET
MIAMI FL 33155

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date OCTOBER 16, 2000

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCTOBER 16, 2000

Date

Daytime Phone #

353889

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OCTOBER 16, 2000

FAMILY APARTMENT PROPERTIES, INC.
1313 PONCE DE LEON BLVD. SUITE 300
CORAL GABLES, FLORIDA 33134

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314-6327

GENTLEMEN;

ATTACHED YOU WILL FIND OUR APPLICATION FOR REINSTATEMENT
ALONG WITH OUR CHECK FOR \$150.00 FOR THE YEAR 2000.

WE REALIZED THAT OUR REPORT IS BEEING FILE LATE, HOWEVER WE ARE
A VERY SMALL CORPORATION THAT OWNS AN APARTMENT BLDG. ONLY
AND THE MAIL WAS NOT DELIVERY TIMELY SINCE WE HAD CHANGE OUR
MIALING ADDRESS.

WE HAD TO CHANGE THE MAILING ADDRESS EARLY IN THE YEAR DUE TO
VANDALISM. PLEASE TAKE THIS FACTS INTO CONSIDERATION AND THE
BURDEN THE ADDITIONAL FEES WILL CAUSE OUR SMALL BUSINESS.

THANKING YOU IN ADVANCE FOR YOUR CONSIDERATION IN THIS MATTER

SINCERELY

ENRIQUE ESKENAZI