

APR. 23 '97 (WED) 14:28

305 372 APPROVED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FA# H97000006572

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

FILED

1997 APR 23 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 373490

1. Corporation Name

CONDOR CONSTRUCTION AND DEVELOPMENT CORPORATION
C/O LEVINE & PARTNERS, P.A.Principal Place of Business
1110 BRICKELL AVENUE
7TH FLOOR
MIAMI, FL 33131

Mailing Address

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

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/70

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1346511

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒58.75 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
P/	Jose Avayu	1110 Brickell Avenue 7th Floor	Miami, FL 33131
V	Jacob Furman	1110 Brickell Avenue 7th Floor	Miami, FL 33131
S	Alberto Avayu	1110 Brickell Avenue 7th Floor	Miami, FL 33131
T	Tustavo Furman	1110 Bricekl Avenue 7th Floor	Miami, FL 33131

REINSTATEMENT '88-97

SCL 4-23-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALAN W. LEVINE, ESQ.
LEVINE & PARTNERS, P.A.
1110 Brickell Avenue
7th Floor
Miami, FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date 4-22-97

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

ALBERTO AVAYU

APRIL 22, 1997 (305) 372-1350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FA# H97000006572

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4/23/97
9:12 AM

FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

((H97000006572 6))

TO: DIVISION OF CORPORATIONS
(904) 922-4000

FAX #:

FROM: LEVINE & PARTNERS, P.A.
074677001117

ACCT#:

CONTACT: LIZ BREIER
PHONE: (305) 372-1350
(305) 372-1352

FAX #:

NAME: CONDOR CONSTRUCTION AND DEVELOPMENT CORPORAT

AUDIT NUMBER.....H97000006572

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

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