

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 # 401452

1. Corporation Name

BARECE CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

REINSTATEMENT

FILED

98 DEC 14 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2. New Principal Office Address, If Applicable

8701 S.W. 12 Street

Suite, Apt. #, etc.

Unit 14

City & State

Miami, Florida

Zip

33174

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5/18/72

5. FEI Number

59-1414943

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S/T/D	CECILIA PEREZ	8701 S.W. 12 Street #14	Miami, Florida 33174

3000002718893-4

-12/22/98-01051-012

\*\*\*908.75 \*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

CECILIA PEREZ

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

8701 S.W. 12 Street

Suite, Apt. #, Etc.

Unit 14

City

Miami

State

FL

Zip Code

33174

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 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)(f), 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:

*Cecilia Perez*

Cecilia Perez

12/11/98 (305) 649-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #