

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

97 OCT 31 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 439013

1. Corporation Name

LA PAZ APARTMENTS, INC.

Principal Place of Business

% MARIO PAZ
1131 FALCON AVENUE
MIAMI SPRINGS FL 33166

Mailing Address

% MARIO PAZ
1131 FALCON AVENUE
MIAMI SPRINGS FL 33166

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1568552

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
T	PAZ, INGRID	1131 FALCON AVE	MIAMI SPRGS FL
V	PAZ, MARINA	1131 FALCON AVE	MIAMI SPRGS FL
P	PAZ, MARIO	1131 FALCON AVE	MIAMI SPRGS FL
S	PAZ, RONALD	8728 SW 114 PLACE	MIAMI FL
			200002349752--0
			-11/17/97--01159-013
			***165.00 ***165.00
			10/31

8. Name and Address of Current Registered Agent

PAZ, MARIO
1131 FALCON AVE
MIAMI SPRINGS FL 33166

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

Oct 23/97

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

Date

Daytime Phone #

Oct 23/97

5

OCT.127/97.

Division of Corporations
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, Fl.32314-6327

Ref/ FEI # 59-1568552

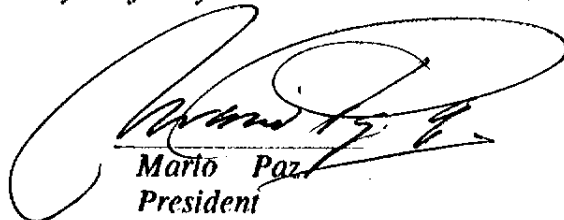
Gentlemen:

I have been surprised this week with the notice of dissolution of the Corporation of which I am the President. The reason why this due was not paid is that up to the present time I HAVE NOT received the Corporation Annual Report forms.

As my conversation with a officer of your Dept. I was advised to send this letter along with the check for the amount of 165 \$ to rereinstate LA PAZ CORPORATION.

For personal contact my telephone No. 305 888-8782

I tank you for your attention and consideration



Mario Paz
President