

INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra J. Merrill
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAY -8 PM 2: 52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 443565

1. Corporation Name

BOCA ALTA DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

1500 San Reno Ave
 #247A
 Coral Gables, FL 33134

8/m

If above address is not correct, please specify location and enter correction below.
 2. New Principal Place of Business (If Applicable)

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
 To Do Business in Florida

2/18/74

5. F.I.I. Number

59-1654539

Applied For

Not Applicable

State, Apt. #, etc.

City / State

Zip

County

CERTIFICATE OF STATUS DESIRED ☐

Additional Fee required
 Certificate of Status

7. Names and Street Addresses of Officers and Directors (For non-profit corporations, list all officers and directors)

Title(s)

Street Address of Each
 Officer or Director
 (Do NOT Use Post Office Box Numbers)

City / State / Zip

PED RUIS, EDUARDO

1500 San Reno Ave, #247A

Coral Gables, FL 33146

VP VIDAL, FERNANDO

1330 Coral Way, #305

Miami, FL 33145

SD KIMURA, VICTOR

1500 San Reno Ave, #247A

Coral Gables, FL 33146

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-05/15/98--01120--001

****900.00 ****900.00

REINSTATEMENT

97-98

CM

8. Name and Address of Registered Agent

9. Name and Address of New Registered Agent

Name

Jorge L. Gonzalez

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

2801 Ponce De Leon Blvd.

State, Apt. #, etc.

220

City

Coral Gables,

State

Zip Code

FL

33134

10. Being registered in this state, the corporation is subject to the provisions of Section 607.0506, F.S.

Signature of
 Registered Agent

Date

11. Does this corporation pay a franchise tax to the
 Dept. of Banking and Finance, Florida Statutes. Yes ☐ No ☐

(See other side for information
 on intangible tax.)

I do hereby certify that the information furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I re-
 lease the Department of Banking and Finance, Florida Statutes, 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I
 certify that I am an officer or director of the corporation and am authorized to execute this application as provided for in chapter 607 or 612, F.S. I further certify that when filing
 this application, the corporation has paid the fee on the return of the corporation, and the requirements of section 607.0401 or 612.0401, F.S., and that all
 fees owed to the Department of Banking and Finance, Florida Statutes, 119.07(3)(b) on this application are paid, and my signature shall have the same legal effect as if made
 under oath.

SIGNATURE:

FERNANDO VIDAL

5/7/98

Date

305-8561112

Business Phone