

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 452234

1. Corporation Name

PROPERTY MANAGEMENT SERVICES CORPORATION

Principal Place of Business

8299 CORAL WAY  
MIAMI FL 33155

Mailing Address

8299 CORAL WAY  
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/09/1974

5. FEI Number

59-2359526

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GONZALEZ-PORTUONDO, JULIO	8770 S.W. 97 TERR.	MIAMI FL
VST	GONZALEZ-PORTUONDO, FRANCEINE	8770 S.W. 97 TERR.	MIAMI FL
D	URIBASTERRA, ANA MARIA	2027 SW 103RD CT.	MIAMI FL

200004661112--3

10/31/01-01053-003

\*\*\*\*750.00 \*\*\*\*750.00

10/11/01

8. Name and Address of Current Registered Agent

GONZALEZ-PORTUONDO, JULIO  
8299 CORAL WAY  
MIAMI, FLORIDA DMFL 33155

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

*Julio Gonzalez-Portuondo*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/11/01

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:

*Julio Gonzalez-Portuondo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 264-4250

CR2E040 (8/01)