

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 DEC -1 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 490738

1. Corporation Name
RONNIE'S PLACE, INC.

Principal Place of Business

~~3600 MYSTIC POINT DR
TOWER 400 SUITE 4104
N MIAMI BCH FL 33140~~
US

Mailing Address

3600 MYSTIC POINT DR
TOWER 400 SUITE 4104
N MIAMI BCH FL 33140
US



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

2. New Principal Office Address, If Applicable
19780 E Country Club Dr
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
SAME AS 2
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1975

City & State
Aventura, FL 33180
Zip
33180
Country
USA

City & State

Zip
Country

5. FEI Number 59-1641140

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)

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
PD	FURLONG, ESTELLE	3145 PINE TREE DR.	MIAMI BEACH FL 33140
SD	FURLONG, ROBERTA	3600 MYSTIC POINT DR, TOWER 400 19780 E. Country Club Dr.	N MIAMI BCH FL 33140 Aventura, FL 33180

900002373579--9
-12/16/97--01069--016
***750.00 ***750.00

8/12/13

8. Name and Address of Current Registered Agent

FURLONG, ESTELLE
3145 PINE TREE DR.
MIAMI BEACH FL. FL 33140

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 607.0503, F.S.

Signature of
Registered Agent

Estelle Furlong

REGISTERED AGENT MUST SIGN

Date 11/26/97

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

Estelle Furlong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/26/97 305-558-6741

CPRE040 (8/97)