

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 JAN 14 PM 1:04

DOCUMENT # 716020

1. Corporation Name

MICHELE CO-OP APARTMENTS, INC.,
a Florida non-profit corporation

2. Principal Office Address

635 N. E. 125th Street

Suite, Apt. #, etc.

North Miami, Florida

City & State

Zip

33161

Country

USA

3. Mailing Office Address

635 N.E. 125th Street

Suite, Apt. #, etc.

North Miami, Florida

City & State

Zip

33161

Country

USA

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/22/1960

5. FEI Number

59-6076800

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LAWRENCE M. SARBEY

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

635 N. E. 125th Street

Suite, Apt. #, Etc.

North Miami, Florida

City

State

FL

Zip Code

33161

500004794095

-01/24/02--01044--001

****297.50 ****297.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Lawrence M. Sarbey

REGISTERED AGENT MUST SIGN

Date

12-28-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SEC. DIR.	Martha Alecia Ramirez	230 N. W. 149th Street	Miami, Florida, 33168
PRES. DIR.	Lawrence M. Sarbey	635 NE 125th Street	N. Miami, Fla. 33161
TREAS. DIR.	Barry Menzell	20301 NW 8th Street	Pembroke Pines, Fla. 33029

10. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-28-01 305-895-2414

CR2E081 (9/00)