

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 27 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716020

1. Corporation Name

MICHELE CO-OP APARTMENTS, INC.

2. Principal Office Address

635 N.E. 125th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33161

Country

USA

3. Mailing Office Address

635 N.E. 125th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33161

Country

USA

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

3/22/1960

5. FEI Number

596076800

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

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.

City

Miami

State

FL

Zip Code

33161

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

X

REGISTERED AGENT MUST SIGN

Date 12-22-04

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
P	Lawrence M. Sarbey	635 N.E. 125th Street 635 N.E. 125th Street	Miami, Florida 33161
VP/S/ T	Martha A. Ramirez	635 N.E. 125th Street	Miami, Florida 33161

12/22/04

200043650922
12/27/04--01083--004 **358.75

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

12-22-04

Date

305-
895-2414

Daytime Phone #

CR2E081 (01/04)