

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 SEP -3 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 725558

**1. Corporation Name**

580 BUILDING CORPORATION, INC.

**2. Principal Office Address**

15150 W. Dixie Hwy.

Suite, Apt. #, etc.

City & State

N. Miami Bch. FL

Zip

33162

Country

Miami-Dade

**3. Mailing Office Address**

15150 W. Dixie Hwy.

Suite, Apt. #, etc.

City & State

N. Miami Bch. FL

Zip

33162

Country

Miami-Dade

**REINSTATEMENT** 02-03

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

02/15/1973

**5. FEI Number**

59-1535009

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

Milton G. Omier

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

15150 West Dixie Highway

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33162

500022727765  
09/03/03--01028--005 \*\*306 25

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 8/27/03

**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
D/P	Leon, Heriberto	1820 Hibiscus Drive	Miami, FL 33181
D/S	Corley, Clyde	3712 SW 68th Way	Miramar, FL 33023
D/T	Celeste Valles	1820 Hibiscus Drive	Miami, FL 33181

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
HERIBERTO LEON, P

Date

(305) 945-1045

Daytime Phone #

CR2E081 (10/02)

9/3