PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JUL -8 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744107

1. Corporation Name

~~FORTY FOUR~~ 44 NORTH ASSOCIATION, INC.

Principal Place of Business | Mailing Address

19720 BOB-O-LINK DRIVE
MIAMI, FLORIDA 33015

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: JANUARY 1, 1973

5. FEI Number: 59-2116397 ☐ 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
PRESIDENT	ALBERTO OLIVARES	19636 BOB-O-LINK DRIVE	MIAMI, FLORIDA 33015
SECRETARY	FRANK MORA	19920 BOB-O-LINK DRIVE	MIAMI, FLORIDA 33015
TREASURER	ANGELO A. ANNUNZIATO	19720 BOB-O-LINK DRIVE	MIAMI, FLORIDA 33015
DIRECTOR	JOHN VILLACCI	19816 BOB-O-LINK DRIVE	MIAMI, FLORIDA 33015
DIRECTOR	GLORIA PHILBIN	19704 BOB-O-LINK DRIVE	MIAMI, FLORIDA 33015
DIRECTOR	JEANNE DERRY	19700 BOB-O-LINK DRIVE	MIAMI, FLORIDA 33015

8. Name and Address of Current Registered Agent

REINSTATEMENT 96-98
SL 7-10-98

9. Name and Address of New Registered Agent

Name: ANGELO A. ANNUNZIATO
Street Address (P.O. Box Number is Not Acceptable): 19720 BOB-O-LINK DRIVE
Suite, Apt. #, Etc.
City: MIAMI State: FL Zip Code:

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-07/13/98--01003--003
****358.75 ****358.75

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: [signature] ANGELO A. ANNUNZIATO Date 7-6-98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: [signature] 7-6-98 305 829-9128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #