

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 768653

1. Corporation Name

BIRD INDUSTRIAL CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

4240-70 SW 73RD AVE
MIAMI FL 33155
US

Mailing Address

4266 S.W. 73RD AVENUE
MIAMI FL 33155
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1983

5. FEI Number

59-2350367

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
D	WHITELY, DEWEY	4252 SW 73RD AVE	MIAMI FL 33155
P	HIGGINS, RON	4266 S.W. 73RD AVENUE	MIAMI FL 33155
D	HENKEL, DENNIS	4268 SW 73RD. AVENUE	MIAMI, FL 00000 33155
D	WONG, VICTOR	4260 SW 73RD AVE	MIAMI FL 33155
D	SCHULTZ, MARK	4240 S.W. 73RD AVENUE	MIAMI FL 33155
VP	JENSEN, JOHN	4262 SW 73 AVENUE	MIAMI FL 33155

8. Name and Address of Current Registered Agent

RON HIGGINS
4266 S.W. 73RD AVENUE
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700002695207-0

-11/24/38-01040-002

***236.25 State Zip Code

FL

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]

REGISTERED AGENT MUST SIGN

Date 11/16/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
REQUIRED

11/16/98

Date

Daytime Phone #

305-262-3201

FILED

98 NOV 18 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E040 (9/98)