

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 OCT -3 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F-23660

1. Corporation Name

Bay Plaza of North Bay Village Corp.

2. Principal Office Address - No P.O. Box #

20 Turtle Walk

3. Mailing Office Address

20 Turtle Walk

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key Biscayne, Fla.

City & State

Key Biscayne, Fla.

Zip

33149

Country

USA

Zip

33149

Country

USA

7. Name and Address of Current Registered Agent

Name

Jose Alejandro Diaz

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

20 Turtle Walk

Suite, Apt. #, Etc.

City

Key Biscayne

State

FL

Zip Code

33149

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
VP	Jose A. Diaz	20 Turtle Walk	Key Biscayne, Fla. 33149
P	Jose Diaz Mesa	20 Turtle Walk	Key Biscayne, Fla. 33149

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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 contained in Chapter 119, 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:

[Handwritten Signature]

Jose A. Diaz

09/25/08

305-365-8055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30