

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

96 NOV 27 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G05828

1. Corporation Name

UNIT 16K BALMORAL, INC.

Principal Place of Business

Mailing Address

#1400, ONE S.E. THIRD AVENUE
MIAMI, FL 33131

100002018031--4
-12/03/96--0115--005
*****575.00 *****575.00

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/25/1982	
City & State		City & State		5. FEI Number	
Zip		Country		65-0125327	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P-T	CARLA JACKSON	#1400, ONE S.E. 3 AVE	MIAMI, FL 33131
VP-S	YVONNE CALVERT	#1400, ONE S.E. 3 AVE	MIAMI, FL 33131

REINSTATEMENT 1996
A. Alan
11-27-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name COPROLITE CORPORATION, a Florida corp.	
Street Address (P.O. Box Number is Not Acceptable) ONE S.E. THIRD AVENUE	
Suite, Apt. #, Etc. SUITE 1400	
City MIAMI	State Zip Code FL 33131

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

REGISTERED AGENT MUST SIGN

Date 11/25/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute the 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.; and that all fees owed by the corporation have been paid. 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:

CARLA JACKSON, PRES. 11/12/96 (305) 377-9353