

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILES
99 FEB -7 11:11:05

STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

G07591

1. Corporation Name

Kendall-Miami Properties, Inc.

Principal Place of Business

**633 N.E. 167 Street
Suite 810
N. Miami Beach, FL 33162**

Mailing Address

**1111 Lincoln Road
Suite 325
Miami Beach, FL 33139**

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

3000002840029--0
-04/15/99--01045--023
*****8.75 *****8.75

REINSTATEMENT 93-99

4. Date Incorporated or Qualified To Do Business in Florida

11/8/82

5. FEI Number

59-2237037

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)

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
S, T, D	Iлона Lee Coleman	910 West Avenue, # 324	Miami Beach, FL, 33139
Trustee	Mariano R. Gonzalez, Jr.	1111 Lincoln Road #325	Miami Beach, FL, 33139

3000002840029--0
-04/15/99--01045--024
***1650.00 ***1650.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Myron J. Rayvis
8221 SW 69th Court
Miami, FL 33156**

Name **Mariano R. Gonzalez, Jr.**
Street Address (P.O. Box Number is Not Acceptable)
**1111 Lincoln Road,
Suite, Apt. #, Etc
325
City Miami Beach**

State **FL** Zip Code **33139**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **3/29/99**

11. This corporation owes 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 319.023(j), 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]

Mariano Gonzalez
Trustee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 305-531-9200
Date Daytime Phone #

CD-2000-112 9/91