

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **G53076**

1. Corporation Name

**PAZ APARTMENT CORP.**

FILED

00 NOV 13 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% MARTA PAZ

~~3001 NW 30TH~~

~~MIAMI FL 33142~~

~~95~~

% MARTA PAZ

~~8801 NW 153 TERR.~~

~~MIAMI FL 33016~~



*09/05/00 90040 030 15000*

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/05/1983

Suite, Apt. #, etc.

*16621 NW 77th Place*

Suite, Apt. #, etc.

*16621 NW 77th Place*

City & State

*Miami Fla*

City & State

*Miami Florida*

Zip

*33016*

Country

*USA*

Zip

*33016*

Country

*USA*

5. FEI Number

59-2317838

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	City / State / Zip
1	2	3	4
PD	PAZ, ORLANDO	<del>8801 N.W. 153RD TERR.</del> <i>16621 NW 77th Place</i>	MIAMI FL <i>33016</i>
STD	PAZ, MARTA	<del>8801 N.W. 153RD TERR.</del> <i>16621 NW 77th Place</i>	MIAMI FL <i>33016</i>
			200003490912--5 -12/08/00--01008--005 ***\$8.75 *****\$8.75
			200003490912--5 -12/08/00--01008--006 ***\$200.00 ***\$200.00

REINSTATEMENT *00*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAZ, MARTA

~~8801 NW 153RD TERR.~~

~~MIAMI FL 33016-1355~~

*16621 NW 77th Place*  
*Miami Fla 33016-3431*

Name

*200003490912--5*

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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

*Marta Paz*  
REGISTERED AGENT MUST SIGN

Date *10/30/00*

11. 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:

*Marta Paz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/30/00 305 231-6117*  
Date Daytime Phone #

CR2E040 (8/00)