

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 # G 66229

1. Corporation Name

REEF INVESTMENTS, INC.

Principal Place of Business

Mailing Address

315 S.E. 7th Street
Ft. Lauderdale, Fl. 33301

FILED

97 JUL 23 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

430

City & State

City & State

Coral Gables, Florida

Zip

Country

Zip

33134

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/83

5. FEI Number

☒ 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
President/ Director	JOHN LONGO	2121 Ponce de Leon Blvd. #430,	Coral Gables, Florida 33134

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***2073.75 ***2073.75

8. Name and Address of Current Registered Agent

Christopher C. Cloney
315 S.E. 7th Street
Ft. Lauderdale, Florida 33301

9. Name and Address of New Registered Agent

Name
George J. DeFabio
Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd.
Suite, Apt. #, Etc.
430
City
Coral Gables,
State
FL
Zip Code
33134

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 7/3/97

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 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

President/Director

7/3/97 (305) 448-7200

Date

Daytime Phone #