

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
J. M. McTham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 165214

1. Corporation Name

CIMA Construction & Development

Principal Place of Business Suite #266

1348 Washington Ave, Miami Bch. FL 33139

Mailing Address

1348 Washington Ave #266 Suite Miami Bch 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

1348 Washington Ave

Suite, Apt. #, etc.

Suite 266

City & State

Miami Bch FL

Zip

33139

Country

USA

3. New Mailing Office Address, If Applicable

1348 Washington Ave

Suite, Apt. #, etc.

Suite 266

City & State

Miami Bch

Zip

33139

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

05-0033574

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
Pres & Secy	Cesar E Balbin	1348 Washington Ave Suite 266	Miami Bch FL 33139

3000002339203--5
-11/05/97--01088--008
****365.00 ****365.00

8. Name and Address of Current Registered Agent

Cesar E Balbin
1348 Washington Ave Suite 266
Miami Bch FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

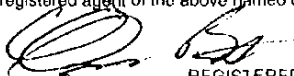
City

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



REGISTERED AGENT MUST SIGN

Date Oct 5/97


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

 Cesar E Balbin Oct 5/97 3055326339

Date

Daytime Phone #


(2)

Stacey
Dept of State
Division Of Corporations
Reinstatement Division

Dear Stacey:

As per our conversation my home/office was completely destroyed on June 6, 96 of last year. As a result I was tottally devastated it will take years to recover. To make things harder my insurance carrier has not yet paid me. And unfortunetly I forgot my annual report for the attached company. At your request I am wrtiting this letter to see if I am able to get a waiver of my reinstatement fee as I cannot afford such. Please advise 3055322372. Thank you for your compassion and understading this has truly been the worst experience in my life.

Thank You
Sincerely


Cesar Balbin