

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # **K23439**

1. Corporation Name

ON THE MARKET, INC.

Principal Place of Business

8450 SW 34TH TERRACE
230
MIAMI FL 33155
US

Mailing Address

8450 SW 34TH TERRACE
230
MIAMI FL 33155
US

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

4. Date incorporated or Qualified To Do Business in Florida

05/09/1988

5. FEI Number

65-0051008

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Addt'l Fee required for a Certificate of Status

REINSTATEMENT

99

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	4 City / State / Zip
PST	CUERVO, ELSA G.	8450 SW 34TH TERRACE	MIAMI FL
D	CUERVO, ELSA G.	8450 SW 34TH TERRACE	MIAMI FL

200003079372--1
-12/23/99--01050--025
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CUERVO, ELSA G
8450 SW 34TH TERRACE
SUITE 230
MIAMI FL 33155

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
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

Elsa G. Cuervo

REQUIRED

Date

12/8/99

REGISTERED AGENT MUST SIGN

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 stated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Elsa G. Cuervo
ELSA G. CUERVO

Date

Daytime Phone #

12/8/99 (305)
223-1595