

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 DEC 12 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K38627**

1. Corporation Name

TFB PROPERTIES, INC.

Principal Place of Business

2800 PONCE DE LEON BLVD
9TH FLOOR
MIAMI FL 33134
US

Mailing Address

2800 PONCE DE LEON BLVD
9TH FLOOR
MIAMI FL 33134
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

Date Incorporated or Qualified
To Do Business in Florida

10/13/1988

5. FEI Number

65-0077876

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TANIS, ROY D	2800 PONCE DE LEON BLVD 7TH FLOOR	CORAL GABLES FL 33134
SD	ROZA, FRANK J ESQ	2800 PONCE DE LEON BLVD 7H FLOOR	CORAL GABLES FL 33134
VP	GRATTAN, BARBARA	1489 WEST PALMETTO PARK ROAD	BOCA RATON FL 33486
T	SOLER, ELSA	2800 PONCE DE LEON BLVD 7TH FLOOR	CORAL GABLES FL 33134
D	HOLTZ, JAVIER J	1221 BRICKELL AVE., SUITE 600	MIAMI FL 33131
			600004743186--5 -12/28/01--01078--025 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ROZA, FRANK J ESQ
2800 PONCE DE LEON BLVD
7TH FLOOR
CORAL GABLES FL 33134

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/28/01

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/28/01

Daytime Phone #

35-774-6031