

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # K51292

1. Corporation Name
Geneva Development Corporation

99 MAY 14 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address
**395 Alhambra Circle
Suite 200
Coral Gables, FL 33134**

Principal Place of Business
Same as Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 89-99

2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12-14-88	
City & State		City & State		5. FEI Number	
Zip		Country		650080303	
Zip				Country	
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	Juan de Ona	395 Alhambra Circle, #200	Coral Gables, FL 33134
Vice President	Jorge A. de Ona	395 Alhambra Circle, #200	Coral Gables, FL 33134

8. Name and Address of Current Registered Agent

**Milagros Vazquez, Esq.
717 Ponce de Leon Blvd., Suite 209
Coral Gables, FL 33134**

9. Name and Address of New Registered Agent

Name Juan de Ona	
Street Address (P.O. Box Number is Not Acceptable) 395 Alhambra Circle	
Suite, Apt. #, Etc. Suite 200	
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
Juan de Ona
REGISTERED AGENT MUST SIGN

Date **05/13/99**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

3. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Juan de Ona*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/99 (305) 442-1256

Date Daytime Phone #

CR2E040 (6/94)