

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 22 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K52887

1. Corporation Name

BAYSHORE CREDIT CORP.

Principal Place of Business

Mailing Address

2459 South Bayshore Drive
Miami, Florida 33133

500002380105--8
-12/23/97--01025--011
****758.75 ****758.75

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/88

effective 12/19/88

5. FEI Number

65-0101306

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRE ☒

\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DPST	MARIO RODRIGUEZ	2459 South Bayshore Drive	Miami, Florida 33133

REINSTATEMENT

97
SL 12-22-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COBER CORPORATE AGENTS
2601 South Bayshore Drive
19th Floor
Miami, Florida 33133

Name

CORPORATION COMPANY OF MIAMI
Street Address (P.O. Box Number is Not Acceptable)
201 South Biscayne Boulevard
Suite, Apt. #, Etc.

1500 Miami Center
City
Miami

State
FL

Zip Code
33131

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

By *Adrienne L. Swain* Assistant Secretary
REGISTERED AGENT MUST SIGN

Date 12/19/97

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

12/19/97 305-854-9149
Date Daytime Phone #

CP2504G (12/95)