

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

1999-2001

UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 16 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K88363

1. Corporation Name

6101 miami Lakes Drive, Inc.

2. Principal Office Address

6101 miami Lakes DR

Suite, Apt. #, etc.

City & State

miami Lakes FL

Zip

33014

Country

Dade

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

33014

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1989

5. FEI Number

65-0179483

Applied For

Not Applicable

6. ~~reinstatement~~
CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Subhi mustafa Hamideh

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

6101 miami Lakes DR

Suite, Apt. #, Etc.

miami Lake

City

State

FL

Zip Code

33014

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Subhi mustafa Hamideh

REGISTERED AGENT MUST SIGN

Date

3/14/2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

M

subhi mustafa Hamideh

9001 NW 148 st

miami FL 33018

note -

I would like to inform you that I file every year, and I am
not aware of missing any period - Thank you

10. 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

3/14/2001

Date

305 825 0185

Daytime Phone #

CR2E081 (9/00)