

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # ~~K-94079~~ **K94029**

1. Corporation Name

OSMAR INVESTMENT, INC.
12801 Old Cutler Rd.
Coral Gables, FL 33156 U.S.

Principal Place of Business

Mailing Address

774 Ave. S.W.
1991 N.W. 7 Ave
Miami FL 33136

12801 Old Cutler Rd
Miami FL 33156

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**

06.06.89

5. FEI Number

65-0131730

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PO	ANTONIO O. LOPEZ	12801 Old Cutler Rd	Miami FL 33156
UD	MARIA E. LOPEZ	12801 Old Cutler Rd	Miami FL 33156
			500002777005-- 1 -02/16/99--01051--021 ****150.00 ****150.00
			500002777005-- 1 -02/16/99--01051--022 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

X
Mary Lou Rodon Alvarez, Esq.
~~890 S. Dixie Highway~~
~~Coral Gables, FL 33146~~

9. Name and Address of New Registered Agent

Name
Mary Lou Rodon-Alvarez, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2222 Ponce de Leon Blvd., Penthouse Suite
Suite, Apt. #, Etc.
PH-Suite
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

Mary Lou Rodon Alvarez

Date February 1, 1999

**11. This corporation owes the current year
Intangible Personal Property Tax due June 30.**

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

Date

Daytime Phone #

1-2499

(305) 374-1631

CR2E081 (12/98)