

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 NOV 23 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K99530

1. Corporation Name

BILTMORE CAPITAL GROUP, INC.

Principal Place of Business

Mailing Address

1024 SW 136 ST
Miami, Fla 33176

1024 SW 136 ST
Miami, Fla 33176

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

2. New Principal Office Address, If Applicable

2307 Douglas Road
Suite, Apt. #, etc.
400

3. New Mailing Office Address, If Applicable

2307 Douglas Road
Suite, Apt. #, etc.
400

4. Date Incorporated or Qualified
To Do Business in Florida

7/3/89

5. FEI Number

65-0129619

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)

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
D/p	CLIVE KARATZNIK	1024 SW 136 ST	MIAMI, FLA 33176
S	IDA C OVIES	2307 Douglas Rd # 400	MIAMI, FLA 33145

300002698673 4
-12/01/98--01034--014
***1658.75 ***1658.75

8. Name and Address of Current Registered Agent

CLIVE KARATZNIK
1024 SW 136 ST
MIAMI, FLA 33176

9. Name and Address of New Registered Agent

Name
IDA C OVIES
Street Address (P.O. Box Number is Not Acceptable)
2307 DOUGLAS ROAD
Suite, Apt. #, Etc.
400
City
MIAMI
State
FL
Zip Code
33145

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

IDA C OVIES

REGISTERED AGENT MUST SIGN

Date

11/19/98

11. This corporation owes or has paid 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:

IDA C OVIES Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/98
Date

305 447 8801
Daytime Phone #

CR2040 (1/98)