

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000009847

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L01000009847

**1. Corporation Name**

OMI PROPERTIES, LLC

**2. Principal Office Address**

5600 COLLINS AVENUE

**3. Mailing Office Address**

5600 COLLINS AVENUE

Suite, Apt. #, etc.

10C

Suite, Apt. #, etc.

10C

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

Zip

33140

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/20/2001

**5. FEI Number**

N/AE

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$5.75 Addtl fee  
with fee

**7. Name and Address of Registered Agent**

Name

ANDRES F. CORTAZAR

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

5600 COLLINS AVENUE

Suite, Apt. #, Etc.

10C

City

MIAMI BEACH

State

FL

Zip Code

33140

**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

Andres Cortazar  
REGISTERED AGENT MUST SIGN

Date 23-10-03

**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
MGRM	ANDRES CORTAZAR	5600 COLLINS AVENUE #10C	MIAMI BEACH, FL 33140
MGRM	GABRIEL CORTAZAR	5600 COLLINS AVENUE #10C	MIAMI BEACH, FL 33140

REINSTATEMENT 2003  
PA

**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:**

Andres Cortazar  
ANDRES F. CORTAZAR

23-10-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (10/02)