

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 APR 29 AM 9:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L11349**

1. Corporation Name
ISKANDAR Dev. Corp. (W98-8165)

Principal Place of Business: **200 SE 15th RD #11K Miami Fla 33129**
 Mailing Address: **Same**

REINSTATEMENT 93-98

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65 0156979 Applied For	
City & State		City & State		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P	ELIE ISKANDAR	200 SE 15th RD #11K Miami Fla 33129	Miami Fla 33129
			300002513793--3 -05/06/98--01094--010 *****8.75 *****8.75
			300002513793--3 05/06/98 01094 011 ***1500.00 ***1500.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
ELIE ISKANDAR		Name		
200 SE 15th RD AP #11K		Street Address (P.O. Box Number is Not Acceptable)		
Miami Fla 33129		Suite, Apt. #, Etc.		
		City	State	Zip Code
			FL	

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: REGISTERED AGENT MUST SIGN Date: _____

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: **4-4-98** (305) 857-0677
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E540 (1/88)