

APPLICATION
FOR
REINSTATEMENT



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

1. Corporation Name

Principal Place of Business	Mailing Address
1001 S. Bayshore Drive Suite 2410 Miami, FL 33131	

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

3. New Mailing Office Address, If Applicable

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

Country USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 9/5/1989

5. FEI Number

Applied For

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip

D Rivera, Luis Alvarez	3511 Alhambra Circle	Coral Gables, FL 33134
------------------------	----------------------	------------------------

800003052038--3
-11/22/99--01146--002
***1500.00 ***1500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Renta, Luis Alvarez

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

3511 Alhambra Circle

Suite, Apt. #, Etc.

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:

REGISTERED AGENT MUST SIGN

Date _____

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)(j), 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 #