

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

99 FEB - 4 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14351

1. Corporation Name

FRIBOURG OF FLORIDA, INC.

Principal Place of Business

Mailing Address

% Charles E. Sammons
1 SE 3rd Ave, Ste 2300
Miami, Florida 33131

SAME

REINSTATEMENT 01-99

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

2. New Principal Office Address, If Applicable

881 Ocean Drive

Suite, Apt. #, etc

12 H

City & State

Key Biscayne FL

Zip

33149

Country

USA

3. New Mailing Address, If Applicable

881 Ocean Drive

Suite, Apt. #, etc

12 H

City & State

Key Biscayne FL

Zip

33149

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/8/89

5. FEI Number

65-0142175

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	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.P. T.S.	FRANCOIS DE PEYRECAVE	881 Ocean Drive # 12H	Key Biscayne FL 33149

5000002769565-4

-02/09/99--01054--023

***1058.75 ***1058.75

01-99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Charles E. Sammons
1 SE 3rd Avenue, Suite 2300
Miami, FL 33131

Name

MARK BISBINK

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

200 S. BISCAYNE BLVD.

Suite, Apt. #, Etc

SUITE 2410

City

MIAMI

State

FL

Zip Code

33131

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

W. M. J.

REGISTERED AGENT MUST SIGN

Date

Feb. 3, 1999

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

FRANCOIS DE
PEYRECAVE PRES.

FEBRUARY 3, 1999