

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

Jun 18 1997 8:00am
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **L29159**

1. Corporation Name

my FAVORITE PLACE, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
77 BAY HEIGHTS DR.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
77 BAY HEIGHTS DR.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

11/14/89

City & State
MIAMI, FLORIDA
Zip
33133
Country
USA

City & State
MIAMI, FLORIDA
Zip
33133
Country
USA

5. FEI Number

65-0157558

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/O	LEROY ALBERTINI	77 BAY HEIGHTS DR.	MIAMI, FL. 33133
D/S/T	SONIA C. ALBERTINI	77 BAY HEIGHTS DR.	MIAMI, FL. 33133
			600002217566--9
			-06/19/97--01108--016
			***165.00 ***165.00

8. Name and Address of Current Registered Agent

LEROY ALBERTINI
77 BAY HEIGHTS DR.
MIAMI, FL. 33133

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

LEROY F. ALBERTINI
REGISTERED AGENT MUST SIGN

Date

6/16/97

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 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:

LEROY F. ALBERTINI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/16/97

Daytime Phone #

305-856-5350

CR2040 (12/96)

77 BAY HEIGHTS DR.
MIAMI, FL. 33133
JUNE 16, 1997 (2)

DEPT. of STATE
DIVISION of CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT THIS YEAR
I DID NOT RECEIVE AN ANNUAL REPORT TO
BE RETURNED TO YOUR OFFICE. UPON INQUIRE
I SPOKE TO ANDY AND HE INSTRUCTED ME
TO SEND THIS FORM WITH AN EXPLANATION
STATING THAT DUE TO A MAILING ERROR THIS
DOCUMENT IS BEING SUBMITTED LATE.

I AM SORRY FOR ANY INCONVENIENCE THAT
THIS MAY CAUSE AND THANK YOU FOR YOUR
CONSIDERATION IN THIS MATTER.

SINCERELY,

Leroy F. Albertini

LEROY F. ALBERTINI
MY FAVORITE PLACE, INC.
77 BAY HEIGHTS DR.
MIAMI, FL 33133