

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 JAN 15 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L32613**

1. Corporation Name

M.A. HUERTA & COMPANY

Principal Place of Business

Mailing Address

400 SW 107TH AVE
SUITE 308
MIAMI FL 33174
US

400 SW 107TH AVENUE
SUITE 308
MIAMI FL 33174
US

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

100 NW 37 AVENUE

SAME AS #2

Suite, Apt., #, etc.

Suite, Apt., #, etc.

#502

City & State

City & State

MIAMI FLORIDA

Zip

Zip

Country

Country

33125 USA

4. Date Incorporated or Qualified
To Do Business In Florida

11/24/1989

5. FEI Number

65-0197844

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	HUERTA, MANUEL A JR	3531 SW 136 COURT	MIAMI FL
D	HUERTA, MANUEL A SR	11336 SW 75 TERRACE	MIAMI FL

REINSTATEMENT

97

800002403338--5

-01/16/98-01081--007

*****750.00 ***750.00**

SL 1-15-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUERTA, MANUEL A. J
400 SW 107TH AVENUE
SUITE 308
MIAMI FL 33174

Name

MANUEL A. HUERTA JR.

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

3531 SW 136 CT

Suite, Apt., #, Etc.

City

MIAMI

State

Zip Code

FL

33175

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

1/13/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-98

305-642-9800 x 11

CFR2040 (8/97)