11/08/96 13:47

APPROVED AND NO. 983

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1996 NOV 8 PM 4:12
H96000015827
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: DOCUMENT # L36115

SABRINA RENTALS OF MIAMI, INC.
~~10401 SW 187 TERRACE~~
10401 SW 187 Terr.
MIAMI, FL. 33157

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: 10440 S.W. 184th Terrace
City and State: Miami, Fl 33157 Zip Code:

3. If Principle Office Address is different from mailing address, enter address below:

Address:
City and State: Zip Code:

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/89

5. FEI Number: 65-0177328

FEI Number Applied For ☐
FEI Number Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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
P-D	JAIRO GONZALEZ	13625 S.W. 287th LANE	HOMESTEAD, FL 33030
VS-T	FARIDA GONZALEZ	13625 S.W. 287 TH LANE	HOMESTEAD, FL 33030

REINSTATEMENT 90
SCC 11-8-96

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

FARIDA GONZALEZ
10401 SW 187 Terrace
Miami, Fl 33157

9. If changed, new registered agent / office

Name:
Street Address (Do NOT Use P.O. Box Number): 13625 S.W. 287 TH LANE
Street Address (Do NOT Use P.O. Box Number):
City: HOMESTEAD State: FL. Zip: 33030

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: X Farida Gonzalez (REGISTERED AGENT MUST SIGN) Date: 11/8/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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.

Signature of Officer or Director: X Farida Gonzalez Date: 11/8/96 Daytime Phone: (305) 253-2303

Typed or printed name of person signing: Farida Gonzalez

H96000015827

Prepared By: Farida Gonzalez 13625 SW 28th Lane Homestead, FL 33030 (305) 253-2303

11/08/96 13:47 #L36115 NO. [illegible]

CHARGED, PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'.

11/08/96 FLORIDA DIVISION OF CORPORATIONS 12:35 PM
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(((H96000015827 4)))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: SABRINA RENTALS OF MIAMI, INC.
AUDIT NUMBER.....H96000015827
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND (CR): M

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