

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

97 DEC 10 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L41463

1. Corporation Name

HHC MIAMI, INC.

Principal Place of Business

Mailing Address

200002374082--0
-12/16/97--01114--010
****750.00 ****750.00

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

2. New Principal Office Address, If Applicable

501 Brickell Key Dr.

Suite, Apt. #, etc.

300

City & State

Miami, FL

Zip

33131

Country

USA

3. New Mailing Office Address, If Applicable

501 Brickell Key Dr.

Suite, Apt. #, etc.

300

City & State

Miami, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/10/90

5. FEI Number

04-3075326

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	David Efron	501 Brickell Key Dr., #300	Miami, FL 33131
DTS	David Efron	501 Brickell Key Dr., #300	Miami, FL 33131

REINSTATEMENT (97)

A. Alamy
12/10/97

8. Name and Address of Current Registered Agent

The Prentice Hall Corporation System
Inc.

110 North Magnolia
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name

Marcelo Agudo, Esq.

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

501 Brickell Key Drive

Suite, Apt. #, Etc.

300

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

REGISTERED AGENT MUST SIGN

Date 12/9/97

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 DAVID EFRON

DEfron

12/9/97

305-371-1111