

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAR 20 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L41651

1. Corporation Name

ONYX DEVELOPMENT COMPANY

Principal Place of Business

Mailing Address

% HENRY A. LOPEZ-AGUIAR  
2180 S.W. 11 ST.  
MIAMI FL 33135

% HENRY A. LOPEZ-AGUIAR  
2180 S.W. 11 ST.  
MIAMI FL 33135

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

REINSTATEMENT

00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/11/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0162871

Not Applicable

Zip

Country

Zip

Country

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 3	City / State / Zip 4
PD	ALVAREZ, LEONELLA B	2180 SW 11TH ST.	MIAMI FL 33135
SD	ALVAREZ, THAIS M	1300 SW 78TH AVE.	MIAMI FL 33144
			200003912712-9
			-03727701--01091--001
			*****308.75 *****308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOPEZ-AGUIAR, HENRY A.  
3445 N.W. 7TH STREET  
MIAMI FL 33125

Name Lopez-Aguilar, Henry A.  
Street Address (P.O. Box Number is Not Acceptable)  
9415 Sunset Drive  
Suite, Apt. #, Etc.  
111  
City Miami  
State FL Zip Code 33173

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

3/5/01

11. 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  
LEONELLA B. ALVAREZ  
PRESIDENT

3/12/01  
Date

305-643-9955  
Daytime Phone #

CR2E040 (8/00)