

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 NOV 12 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L61985**

1. Corporation Name

**TERRY VILLAGE APARTMENTS, INC.** *W98-24375*

Principal Place of Business Mailing Address  
**1050 NW 44 AVENUE, # 116** **11248 SW 63rd TERRACE**  
**MIAMI, FL 33126** **MIAMI, FL 33173**

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

2. New Principal Office Address, if Applicable **1050 N.W. 44th AVENUE**  
Suite, Apt. #, etc. **Apt 116**

City & State  
**MIAMI, FL**  
Zip  
**33126**

Country  
**MIAMI-DADE**

3. New Mailing Office Address, if Applicable **11248 SW 63rd TERRACE**  
Suite, Apt. #, etc.

City & State  
**MIAMI, FL 33173**  
Zip  
**33173**

Country  
**MIAMI-DADE**

**REINSTATEMENT** *9798*

4. Date Incorporated or Qualified To Do Business in Florida **04/03/90**

5. FEI Number **65-0186132** 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
P	JOSE R LOPEZ	11248 SW 63 TERRACE	MIAMI, FL 33173
V	TERESITA FIGUEROA	7615 PINETREE LANE	LAKE CLARKE SHORES, FL 33406

*4*  
70000263317  
-11/17/98--01068--024  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
**JOSE R LOPEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**11248 S.W. 63rd TERRACE**  
Suite, Apt. #, Etc.  
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]*

Date **10/23/98**

REGISTERED AGENT MUST SIGN

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/98 305-271-6389

Date Daytime Phone #