

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 NOV 17 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L65220

1. Corporation Name

PLAYA SANTA FE, CORP.

Principal Place of Business

4532 W. 12TH AVENUE
HIALEAH FL 33012

Mailing Address

692 W. 29TH STREET
#9
HIALEAH FL 33012

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/1990

5. FEI Number

65-0356302

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
PD	CASANAS, DEOGRACIO	4532 W. 12TH AVENUE	HIALEAH FL 33012
VP	QUINTERO, ABELARDO R	4532 W. 12TH AVENUE	HIALEAH FL 33012
T	ORTEGA, MAIDELINE Delete	860 SW 129 PL.	MIAMI FL 33184
S/T	CASANAS, NIURKA	4532 W. 12TH AVENUE	HIALEAH FL 33012

900002352439-1
-11/19/97-01104-011
****750.00 ****750.00

11/1/99

8. Name and Address of Current Registered Agent

~~QUINTERO, ABELARDO R~~
~~692 W. 29TH STREET~~
~~SUITE 9~~
~~HIALEAH FL 33012~~

9. Name and Address of New Registered Agent

Name NIURKA Casanas
Street Address (P.O. Box Number is Not Acceptable)
692 W. 29TH ST #9
Suite, Apt. #, Etc.
City Hialeah
State FL Zip Code 33012

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 11-10-97

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 #

11-10-97 305 362-9848

CR25040 (8/97)