

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

OCT 22 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L65455**

1. Corporation Name

Property Improvements Inc.

REINSTATEMENT

01-04

2. Principal Office Address

15476 N.W. 77 Ct.

3. Mailing Office Address

15476 N.W. 77 Ct.

Suite, Apt. #, etc.

445

Suite, Apt. #, etc.

445

City & State

Miami Lakes Fl.

City & State

Miami Lakes Fl.

Zip

33016

Country

Dade

Zip

33016

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

4-16-90

5. FEI Number

65-0183973

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel Lavan

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

15476 N.W. 77 Ct.

Suite, Apt. #, Etc.

445

City

Miami Lakes

State

FL

Zip Code

33016

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Daniel Lavan

Date **10-4-04**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Daniel Lavan Jr.	15476 N.W. 77 Ct #445	Miami Lakes Fl. 33016
Sect.	Daniel Lavan Jr.	15476 N.W. 77 Ct #445	Miami Lakes Fl. 33016
Vice-Pres.	Daniel Lavan Jr.	15476 N.W. 77 Ct #445	Miami Lakes Fl. 33016
Treas.	Daniel Lavan Jr.	15476 N.W. 77 Ct. #445	Miami Lakes Fl. 33016

10. 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:

Daniel Lavan Jr. DANIEL LAVAN / Pres 10-4-04 786-586-3776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)