

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96
REINSTATEMENT



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

FILED

96 NOV -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L68873

1. Corporation Name

BEMISALI, INC.

Principal Place of Business

5800 NE 2ND AVE.
MIAMI FL 33137

Mailing Address

5800 NE 2ND AVE.
MIAMI FL 33137
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0187711

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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	DIAZ, METEO	125 ELYSIUM DRIVE	ROYAL PALM BEACH FL
P	DIAZ, RAFAEL	531 KINGSBURY TERR	WELLINGTON FL 33414
S	RICHARD, Miquel A.	10290 N.W. 36 St. #7	Coconut Springs, FL 33065
T.	Estevez, JOSE A.	10630 ROYAL PALM BLVD	Coconut Springs, FL
S	Estevez, RAMON	3920 N.W. 108 AVE 1	Coconut Springs, FL

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name RAFAEL DIAZ
Street Address (P.O. Box Number is Not Acceptable)
5600 NE 2nd Avenue
Suite, Apt. #, Etc. 100001997357-6
City MIAMI
FL 33137
11/06/96-01026-009
***375-00
***375-00

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

Rafael Diaz
REGISTERED AGENT MUST SIGN

Date

10/8/96

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: RAFAEL DIAZ
SIGNATURE AND TYPE ON PRINTED NAME OF OFFICER OR DIRECTOR

10-28-96 (305) 757-2464
Date Daytime Phone #