H98000006564

FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 APR 13 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # M05762

1 Corporation Name
NORTH SIDE, INC.

Mailing Address	Principal Place of Business
1503 S.W. 37 Ave.	1503 S.W. 37 Ave.
Miami, Fl. 33145	Miami, Fl. 33145

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

DO NOT WRITE IN THIS SPACE

2 New Mailing Address, If Applicable: 9295 S.W. 147 Ave.#138
Suite, Apt. #, etc.: #138
City & State: Miami, Fl. 33196
Zip: 33196 Country: U.S.A.

3 New Principal Office Address, If Applicable
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4 Date Incorporated or Qualified To Do Business in Florida: 9/27/84

5 FEI Number: 59-2458661 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

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/D	FELIX F. QUILLA	9195 S.W. 147th Ave.#138	Miami, Fl. 33196
S/T/D	ROSSE MARY QUILLA	9195 S.W. 147th Ave., #138	Miami, Fl. 33196

REINSTATEMENT '97-'98

SCC 4-13-98

8 Name and Address of Current Registered Agent

CHARLES N. KEYE
12580 N.W. 9th Ave.
North Miami, Fl. 33161

9 Name and Address of New Registered Agent

Name: Carlos M. Mendez Esq.
Street Address (P.O. Box Number is Not Acceptable): 1800 West 49th St., Suite 203
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: [signature] Date: 4/2/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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 a reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. and that all taxes owed by the corporation have been paid. 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] 4/2/98
Signature and typed or printed NAME of individual or corporation — Date — Daytime Phone #

Prepared by: Carlos M. Mendez 1800 West 49th St., Suite 203 Hialeah, FL (305) 885-5376

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4/06/98 FLORIDA DIVISION OF CORPORATIONS 1:16 PM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H98000006564 2)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: NORTH SIDE, INC.
AUDIT NUMBER.....H98000006564
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
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** ENTER 'M' FOR MENU. **