

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
999R

FILED

99 OCT 19 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M16211**

1. Corporation Name

SECOND AVENUE CORPORATION

Principal Place of Business

Mailing Address

100 SOUTH BISCAYNE BLVD.
SUITE 800
MIAMI FL 33131

100 SOUTH BISCAYNE BLVD.
SUITE 800
MIAMI FL 33131

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

2. Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1985

5. FEI Number

65-0256156

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PAUL, JAMES P	100 SOUTH BISCAYNE BLVD., SUITE	MIAMI FL 33131
VDT	PAUL, JOHN E	100 SOUTH BISCAYNE BLVD., SUITE	MIAMI FL 33131

800003032458--8
11/02/99 01070-010
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAUL, JAMES P
100 SOUTH BISCAYNE BLVD.
SUITE 800
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

James P. Paul
REGISTERED AGENT MUST SIGN (SAME)

Date 10/12/99

11. 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

JAMES P. PAUL

President

10/12/99 305-374-1300

Date Daytime Phone #

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10/12/99

Secretary of State
Division of Corporations

Gentlemen

This confirms that I did not
Receive The Previous Notice from
The Department of State for the
Annual Report And fee. Per
Phone Call Enclosed is 150.00
For Annual Report And fully
Signed Annual Report

Sincerely
James B. Paul
James B. Paul
President
Second Avenue Corporation

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