

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M33533

1. Corporation Name

CCV REALTY CORP.

Principal Place of Business

Mailing Address

1925 Brickell Avenue
#1512-D
MIAMI, FLA. 33131

SAME

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

2. New Principal Office Address, If Applicable

1925 Brickell Ave.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1512-D

City & State

MIAMI, FLA. 33131

City & State

Zip

33131

Country

USA.

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

6-11-1986

5. FEI Number

59-2681207

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)	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.S.T.		CRISTINA PALACIO BURKE		1925 Brickell Ave. #1512-D MIAMI, FLA. 33131		MIAMI, FLA. 33131

7088882674897-0
-10/28/98--01031-008
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NESTOR B. GORFINKEL
1111 KANE CONCOURSE, #401
BAY HARBOR ISLANDS, FLA. 33154

Name

NESTOR B. GORFINKEL

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

1111 KANE CONCOURSE

Suite, Apt. #, Etc.

#401

City

BAY HARBOR ISLANDS

State

FL

Zip Code

33154

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]
REGISTERED AGENT MUST SIGN

Date

10/19/98

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:

Cristina Palacio Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/98
Date

305.860.8784
Daytime Phone #

CR2E040 (1/98)