

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 JUL 20 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M42933

1. Corporation Name

University & Sheridan Plaza, Inc.

2. Principal Office Address

6051 North Ocean Drive

3. Mailing Office Address

6051 North Ocean Drive

Suite, Apt. #, etc.

#1105

Suite, Apt. #, etc.

#1105

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33019

Country

USA

Zip

33019

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

12/10/1986

5. FEI Number

59-2752064

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

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****908.75 ****908.75

7. Name and Address of Current Registered Agent

Name

Michael P. Gable

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

4000 Hollywood Boulevard

Suite, Apt. #, Etc.

Suite 735, South Tower

City

Hollywood

State

FL

Zip Code

33021

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

Date July 19, 2000

REGISTERED AGENT MUST SIGN

CR2E08 (9/99)

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
DP	Alberto E. Fernandez	6051 N. Ocean Dr. #1105	Hollywood, FL 33019
DVP	Alberto Fernandez, Jr.	6051 N. Ocean Dr. #1105	Hollywood, FL 33019
DTS	Nelson Fernandez	6051 N. Ocean Dr. #1105	Hollywood, FL 33019

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

Alberto E. Fernandez

7-19-00 954-983-6399

Date

Daytime Phone #