

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

96 NOV 13 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500002005185--5
-11/14/96--01109--002
*****575.00 *****575.00

DOCUMENT # **#60488**

1 Corporation Name

Temple Court GP/MF, Inc.

Mailing Address **c/o Martin Fine, Esq.** Principal Place of Business
701 Brickell Avenue **Martin Fine, Esquire**
Suite 3000 **c/o Holland & Knight**
Miami, Florida 33131 **701 Brickell Avenue**
Suite 300
Miami, Florida 33131

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

2 New Mailing Address, If Applicable
Martin Fine, Esquire

3 New Principal Office Address, If Applicable
Martin Fine, Esquire

Street **c/o Holland & Knight**
701 Brickell Avenue #3000
City & State **Miami, FL**

Street **c/o Holland & Knight**
701 Brickell Avenue #3000
City & State **Miami, Florida**

Zip **33131**

Country **USA**

Zip **33131**

Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida
10/08/87

5. FEI Number

65-0040715

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
?	Martin Fine, Esquire	c/o Holland & Knight 701 Brickell Avenue #3000	Miami, Florida 33131

500002005185--5
-11/14/96--01109--003
*****8.75 *****8.75

JB1-13-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Martin Fine, Esquire
c/o 100 SE 2nd Street - #3600
Temple Court GP/MF, Inc.
Miami, Florida 33131

Name
Martin Fine, Esquire
Street Address (P.O. Box Numbers Not Acceptable)
c/o Holland & Knight
701 Brickell Avenue
Suite, Apt. #, Etc.
Suite 3000

City **Miami**

State **FL**

Zip Code **33131**

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

Martin Fine
REGISTERED AGENT MUST SIGN

Date

11/8/96

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees 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:

Martin Fine **Martin Fine Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/96

Daytime Phone #

35-7897710

CR2E040 (5/94)