

P.02

96

0225 145 505

02:51 8661-22-NUT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 23 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 14295

1. Corporation Name

THE PATRIARCH, INC.

Principal Place of Business

Mailing Address

1725-27 NW 28 St.
Miami, Fl. 33142
USP.O. Box 421160
Miami, Fl. 33142
US

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

2. New 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

4/9/1986

5. FEI Number

65-0008668

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒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)

1. Title(s)	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	Engelmajer, Francois	1725 N.W. 28 Street	Miami, Fl. 33142
D	Prieto, Mario	1725 N.W. 28 Street	Miami, Fl. 33142
V	Segarra, Eduardo	1725 N.W. 28 Street	Miami, Fl. 33142
V	Leal, Cristina	1725 N.W. 28 Street	Miami, Fl. 33142
VST	Engelmajer, Manuela	1725 N.W. 28 Street	Miami, Fl. 33142

8. Name and Address of Current Registered Agent

Engelmajer, Francois
The Patriarch, Inc.
1725 NW 28 Street
Miami, Fl. 33142

9. Name and Address of New Registered Agent

Name: Arnold Rockford, Esq.
Street Address (P.O. Box Number is Not Acceptable):
300 Sevilla Avenue
Suite, Apt. #, Etc.: Suite 216
City: Coral Gables State: FL Zip Code: 33134

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

REGISTERED AGENT MUST SIGN

Date

1/22/98

11. 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.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

Date

Devised Phone #

01/22/98 (305) 6364286