

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 29 AM 11:43

10/30

DOCUMENT # N50486

1. Corporation Name

FRIENDS OF BAYFRONT PARK, INC.

Principal Place of Business

200 S BISCAYNE BLVD
41ST FLOOR
MIAMI FL 33131-2398

Mailing Address

301 N. BISCAYNE BLVD.
MIAMI FL 33132

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

2. New Principal Office Address, If Applicable

301 N. Biscayne Blvd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33132

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/20/1992

5. FEI Number

65-0375049

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)

1 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
D	BOURAGE, J. L.	ONE BISCAYNE BLVD, #428	MIAMI FL
D	PLUMMER, J. L.	3500 Pan American Drive	MIAMI/FL/33133
D	PLUMMER, J. L.	3500 PAN AM DR	MIAMI FL
D	HILLS, TINA	4450 BANYAN LANE	MIAMI FL /33137
D	KLOCK, JOSEPH A. JR	200 S BISCAYNE BLVD 41ST FLOOR	MIAMI FL 33132
D	KATZ, IRA M	301 N. BISCAYNE BLVD.	MIAMI FL 33132
			400002335444--8
			-10731797--01093--006
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

KATZ, IRA M
BAYFRONT PARK MANAGEMENT TRUST
301 N. BISCAYNE BLVD.
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/25/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA MARC KATZ

10/25/97

Date

305-358-7550

Daytime Phone #

CR2E040 (8/97)