

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 14 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002276
1. Corporation Name 9960 West Bay Harbor Corp.

2. Principal Office Address
9960 W. Bay Harbor Dr.
Suite, Apt. #, etc.
City & State
Bay Harbor Islands, FL
Zip 33154 Country Miami-Dade

3. Mailing Office Address
3191 Coral Way
Suite, Apt. #, etc.
Suite 300
City & State
Miami, FL.
Zip 33145 Country Miami-Dade

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-1008085

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
John Forte
Street Address (P.O. Box Number is Not Acceptable)
3191 Coral Way
Suite, Apt. #, Etc.
Suite 300
City
Miami
State
FL
Zip Code
33145

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8. 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
Registered Agent
REGISTERED AGENT MUST SIGN

Date 4/8/04

9. 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
P/T S/D	John Forte	3191 Coral Way #300	Miami, FL 33145
V/P	Bradley Forte	3191 Coral Way #300	Miami, FL. 33145
D	Maria Restrepo-Forte	3191 Coral WAY #300	Miami, FL. 33145

10. 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

(JOHN FORTE)

4/8/04 (305) 445-5511

Date

Daytime Phone #

CR2E081 (01/04)