

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV -1 PM 3:45

DOCUMENT # N96000000452

1. Corporation Name

OPSAIL MIAMI 2000, INC.

Principal Place of Business

Mailing Address

1015 N. AMERICAN WAY  
MIAMI FL 33132

1015 N. AMERICAN WAY  
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

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

01/25/1996

5. FEI Number

65-0659188

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	4 City / State / Zip
D	MAGUIRE, AMELIA R	1200 BRICKELL AVE.	MIAMI FL 33101
D	FASCELL, DANTE	701 BRICKELL AVE	MIAMI FL 33101
D	SLESNICK, DONALD	10680 NW 25TH ST. STE. 202	MIAMI FL 33172
TD	PRUITT, PETER	100 SE 2ND ST.	MIAMI FL 33131
D	CRISTOL, A.J.	51 SW 1ST AVE.	MIAMI FL 33130
VPD	MCDONALD, JAMES L	1020 PORT BLVD.	MIAMI FL 33132

8. Name and Address of Current Registered Agent

SLOTNICK, HOWARD  
1015 N. AMERICAN WAY  
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

600003468946--7

11/17/00 State 01073-019

\*\*\*\*236.FL \*\*\*\*236.25

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

*Howard Slotnick*  
REGISTERED AGENT MUST SIGN

Date 10/26/2000

11. 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:

*Howard Slotnick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/00 301-373-4070  
Date Daytime Phone #

CR2E040 (800)