

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 30 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 99000000206

1. Corporation Name

The United Property Owners and Friends of the
8.5 Square Mile Area, Inc.

2. Principal Office Address

P.O. Box 960546

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33296

Country

Dade

3. Mailing Office Address

P.O. Box 960546

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33296

Country

Dade

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-11-99

5. FEI Number

EIN 65-0887937

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **EX**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Losner, Steven D.

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

65 N.W. 16 St.

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

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

3/14/01

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 |
|--------|--------------------------------------|---|--------------------|
| D | Garcia, Patsy | 15821 S.W. 209 Ave. | Miami, Fl. 33187 |
| D | Pena, Alicia | 14390 S.W. 199 Ave. | Miami, Fl. 33193 |
| D | Concepcion, Julio | 831 N.W. 18 Pl. | Miami, Fl. 33125 |
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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:

Alicia Pena
Alicia Pena

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/10/01

305-428-6151

Daytime Phone #

CR2E081 (9/00)