

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
TALLAHASSEE, FLORIDA
01 NOV 16 PM 1:48

DOCUMENT # P00000007353

1. Corporation Name

BETTMAN OF HIALEAH, INC.

Principal Place of Business

Mailing Address

1313 PONCE DE LEON BLVD STE 301
CORAL GABLES FL 33184

1313 PONCE DE LEON BLVD STE 301
CORAL GABLES FL 33184

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

2. New Principal Office Address, If Applicable

8859 S.W. 24TH. ST.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33165

Country
U.S.A.

3. New Mailing Office Address, If Applicable

8859 S.W. 24TH. ST.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33165

Country
U.S.A.



REINSTATEMENT

01-31-01 90032-034-0150-00

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/2000

5. FEI Number

65-0981674

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FERRO, ANGEL M	110 SOUTH PROSPECT DRIVE	CORAL GABLES FL 33133
D	FERRO, BEATRIZ M	110 SOUTH PROSPECT DRIVE	CORAL GABLES FL 33133
D	FERRO, ANGEL M JR	6925 S.W. 72ND COURT	MIAMI FL 33143

100004704251--9

-12/04/01--01036--014

*****600.00 *****600.00

8. Name and Address of Current Registered Agent

FERRO, ANGEL M
110 SOUTH PROSPECT DRIVE
CORAL GABLES FL 33133

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/12/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/01 (305) 223-4311

CR2E040 (8/01)