

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 10:25

DOCUMENT # P00000051240

1. Corporation Name

FLORIDA LIVING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/15/02 000000051240 **150.00

Principal Place of Business

7614 COCONUT CREEK COURT
ORLANDO FL 32822
US

Mailing Address

7614 COCONUT CREEK COURT
ORLANDO FL 32822
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/2000

5. FEI Number

59-3665879

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name(s) 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	ARIAS, GUS	7614 COCONUT CREEK COURT	ORLANDO FL 32822
D	ARIAS, MARISELA D	7614 COCONUT CREEK COURT	ORLANDO FL 32822

8. Name and Address of Current Registered Agent

DIAZ, LUIS E ESQ
4201 SW 11TH STREET
MIAMI FL 33134

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/12/02

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.

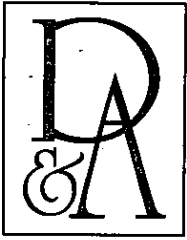
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08/02
Date

407-694-5810
Daytime Phone #

CR2E040 (8/02)



Luis E. Diaz & Associates, P.A.
Attorney and Counselors at Law

4201 Southwest 11th Street
Miami, Florida 33134

Telephone: (305) 567-1900
Facsimile: (305) 446-1040

November 12, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

**Re: 2002 Uniform Business Report of FLORIDA LIVING,
INC.**

Dear Sir or Madam:

Enclosed please find the original 2002 Uniform Business Report of FLORIDA LIVING, INC. along with a check totalling \$150.00. Please note that our office did not receive the original 2002 U.B.R. report and neither did the client. Attached is a letter from the client's president, Mr. Gustavo Arias, attesting to the fact of not receipt of the original report. As a result, the report was not timely filed by the corporation.

Based on the foregoing, please accept the attached report for filing.

If you have any questions, please do not hesitate to call me at (305) 567-1900.

Sincerely,

Luis E. Diaz
Luis E. Diaz, Esq.

Enclosures

11/08/02

To Whom it May Concern

PLEASE ACCEPT my REINSTATING fees of \$150⁰⁰
for "FLORIDA LIVING, INC.

I DID NOT RECEIVE ANY of the UBR NOTICES
AND CONSEQUENTLY did not file on time.

THANKS



GUSTAVO M. ARIAS, PRESIDENT