

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

02 DEC 30 AM 10:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **PO0000069963**

1. Corporation Name
Habitat Creators II, Inc

Principal Place of Business Mailing Address

**5920 SW 83rd St.
 S. Miami, FL 33143**

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

2. New Principal Office Address, If Applicable
5920 SW 83 ST
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

City & State
S. Miami FL 33143

City & State

5. FEI Number
65-1036404

Applied For
 Not Applicable

Zip
33143 Country
USA

Zip Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Francisco J Garcia III	5920 SW 83 ST S.M	S. miami, FL 33143
VD	Julietta Q. Garcia	600 Grapevine Dr 8CS	Key Biscayne, FL 33149
SD	Julietta Q. Bared	5920 SW 83 St.	S. Miami FL 33143

8. Name and Address of Current Registered Agent

**Pablo R. Bared, Esq
 Bared & Assoc PA
 1500 San Remo Ave #177
 Coral Gables, FL 33146**

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 _____ REGISTERED AGENT MUST SIGN _____ Date _____

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: **J Bared** **J Bared, Sec.** **12.26.02** **6666000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **x12**

CR2E081 (12/98)

BARED & ASSOCIATES, P.A
ATTORNEYS AND COUNSELORS AT LAW

1500 SAN REMO AVENUE
SUITE 177
CORAL GABLES, FL 33146
TELEPHONE- (305) 666-6010—FAX (305) 666-2831
BARED@BAREDLAW.COM

December 27, 2002

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Habitat Creators II, Inc.

To whom it may concern:

Pursuant to our telephone conference with your office, enclosed please find the Reinstatement Application together with \$150.00 for the filing fee on the above-referenced corporation.

The Uniform Business Report was sent to a previous address (1515 Mercado Avenue, Coral Gables, Fl. 33146) and not to 5920 SW 83rd Street, South Miami, Fl. 33143. Please update records to reflect the new address.

Thanking you in advance for your cooperation and Happy Holidays.

Sincerely,
BARED & ASSOCIATES, P.A


By: Lourdes Martinez