

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 NOV -8 PM 3:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P00000095478

1. Corporation Name

Five Properties, Inc

2. Principal Office Address

9555 SW 88th Street

Suite, Apt. #, etc.

Suite 201

City & State

Miami, Florida

Zip

33176

Country

USA

3. Mailing Office Address

N/A

Suite, Apt. #, etc.

N/A

City & State

N/A

Zip

N/A

Country

N/A

REINSTATEMENT

2001

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

10/10/2000

5. FEI Number

65-1066420

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard F Kondla

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

9555 SW 88th Street

Suite, Apt. #, Etc.

Suite 201

City

Miami

State

FL

Zip Code

33176

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

Richard F Kondla

REGISTERED AGENT MUST SIGN

Date 11/01/01

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	Victor Seijas	9555 SW 88th Street Suite 201	Miami, Florida 33176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/01 (305) 992-6313

Date

Daytime Phone #

CR2001 (9/00)