

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 27 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000083654**

1. Corporation Name

304 TEQUESTA POINT THREE CORP.

Principal Place of Business

1401 PONCE DE LEON BLVD., SUITE 266
CORAL GABLES FL 33134

Mailing Address

1401 PONCE DE LEON BLVD., SUITE 266
CORAL GABLES FL 33134



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

2. New Principal Office Address, If Applicable

~~104 CRANDON BLVD #312~~

Suite, Apt. #, etc.
Key Biscayne, FL

City & State

Zip
33149

Country

0A00

3. New Mailing Office Address, If Applicable

~~104 CRANDON BLVD #312~~

Suite, Apt. #, etc.
Suite 312

City & State

Zip
33149

Country

0A00

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2001

5. FEI Number

54-0259290

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CORDERO, JAIME FABRES	1401 PONCE DE LEON BLVD., SUITE 104 CRANDON BLVD SUITE 312	CORAL GABLES FL 33134 Key Biscayne 33149
D	GOMEZ, EDUARDO	1401 PONCE DE LEON BLVD., SUITE 104 CRANDON BLVD SUITE 312	CORAL GABLES FL 33134 Key Biscayne 33149

200009245462
11/27/02-01095-011 **750.00

8. Name and Address of Current Registered Agent

SALAZAR, LISETTE PIE P.A.
240 CRANDON BLVD., SUITE 266
KEY BISCAYNE FL 33149

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

Nov 25/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nov 25/02

CR2E040 (8/02)