

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085096

1. Corporation Name

MIAMI HABITAT MANAGEMENT, INC

2. Principal Office Address

7003 SW 53 LN

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

33155

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/2001

5. FEI Number

65-1138962

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

MALORTIGUE, CHARLES

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

7003 SW 53 LANE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33155

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

REGISTERED AGENT MUST SIGN

Date

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
PSD	MALORTIGUE, CHARLES	7003 SW 53 LN	MIAMI, FL 33155

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

Date

10/29/02

Daytime Phone #

(86) 797 9036

CR2E081 (9/01)

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MIAMIHABITAT MAMGEMENT, INC.
7003 SW 53 LN
MIAMI
FL, 33155

DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE
FL 32314-6327

MIAMI, October 29, 2002

REF: P01000085096

Madam, Sir,

The corporation listed in reference has never had any activity since its creation in august 2001, nor does it have a bank account.

We have not filled any reports nor received any.

Please find enclosed a personal check for \$ 150.00; we hope that you will waive the other late fees.

Best regards

MIAMIHABITAT MANAGEMENT, INC.
Charles-A. MALORTIGUE, SECRETARY

