

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P020 0000 10/8

1. Corporation Name

AT HOMES OF MIAMI, INC

Principal Place of Business

Mailing Address

7963 NW 161 TERRACE
MIAMI LAKES FL 33016

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

04 APR 19 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200033096122
04/19/04--01074--001 **300.00

REINSTATEMENT

03-24

4. Date Incorporated or Qualified
To Do Business in Florida

1/3/02

5. FEI Number

41-2027899

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MIGUEL S TORRES	1800 NE 199 ST MIAMI	MIAMI FL 33179
VPS	RALPH H. ALEMAN	7963 NW 161 Terr	MIAMI FL 33016

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

		Name RALPH H ALEMAN	
		Street Address (P.O. Box Number is Not Acceptable) 7963 NW 161 Terr	
		Suite, Apt. #, Etc.	
		City MIAMI LAKES	State 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 x *Ralph Aleman*

REGISTERED AGENT MUST SIGN

Date 7/12/04

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: x

Ralph Aleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/12/04

Daytime Phone #

CR2E081 (12/98)

152 292

AT Homes of Miami, Inc.

Ralph Aleman
Vice President
7963 North West 161 Terr
Miami Lakes, FL 33016

Telephone 786-412-2498

April 12, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref: Doc # P02000001018
Years 2003,2004

Dear Sir or Madam,

Enclosed please find our check in the amount of \$300.00 for the years 2003 and 2004 fees. We have moved and did not receive the form to file. We are requesting an abatement of the penalties. Thank you in advance for your cooperation.

Ralph Aleman
Ralph Aleman,
Vice President