

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 27 PM 5:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000062963**

**1. Corporation Name**

**BOWL VIEW APARTMENTS, INC**

**2. Principal Office Address**

Suite, Apt. #, etc.  
**6230 SW 62nd ST.**

City & State  
**Miami, FL**

Zip Country  
**33143 US**

**3. Mailing Office Address**

Suite, Apt. #, etc.  
**6230 SW 62nd ST.**

City & State  
**Miami, FL**

Zip Country  
**33143 US**

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

**5. FEI Number**  
**71-0888099**

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required  
for a Certificate of Status**

01/22/04 90005044 150.00  
800027653218  
01/27/04--01016--011 \*\*150.00

**7. Name and Address of Current Registered Agent**

Name  
**JUAN D. SUAREZ**

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

Suite, Apt. #, Etc.  
**6230 SW 62nd ST.**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33143**

**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

Date **01-14-2003**

REGISTERED AGENT MUST SIGN

**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
PTD	JUAN D. SUAREZ	6230 SW 62nd ST.	MIAMI, FL 33143
VSD	JOSE L. YABER	6230 SW 62nd ST.	MIAMI, FL 33143

**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

**JUAN D. SUAREZ, PRESIDENT 01-14-2003 305-479-8221**

Date

Daytime Phone #

CR2E081 (9/01)

Miami, January 14th, 2004

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: BOWL VIEW APARTMENT, INC.  
Doc Number P02000062963

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

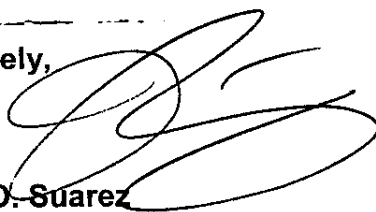
We are enclosing a check for \$150 to cover the following fees:

2003 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Your consideration will be greatly appreciated.

Sincerely,



Juan D. Suarez  
President  
6230 SW 62<sup>nd</sup> ST.  
Miami, FL 33143