

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000094780**

1. Corporation Name

SUAREZ PROPERTY MANAGEMENT, INC.

Principal Place of Business

4900 S.W. 91ST AVE.
MIAMI FL 33165

Mailing Address

4900 S.W. 91ST AVE.
MIAMI FL 33165

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/2002

5. FEI Number

38-3658683

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SUAREZ, EMILIO	4900 S.W. 91ST AVE.	MIAMI FL 33165
D	SUAREZ, YOLANDA	4900 S.W. 91ST AVE.	MIAMI FL 33165

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

FROST, IRWIN M
1111 BRICKELL AVE., STE. 2050
MIAMI FL 33131

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]

Date

12/2/03

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/03

Date

(305) 740-2336

Daytime Phone #

CR2E040 (7/03)

FRIEDMAN & FROST, P.L.

ATTORNEYS AT LAW

A PROFESSIONAL LIMITED LIABILITY COMPANY INCLUDING PROFESSIONAL ASSOCIATIONS

1111 BRICKELL AVENUE

SUITE 2050

MIAMI, FLORIDA 33131

IRWIN M. FROST, P.A.
IRWIN M. FROST, ESQ.
BOARD CERTIFIED TAX ATTORNEY

December 5, 2003

WRITER'S DIRECT DIAL:
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E-MAIL: frostlawr@aol.com

Division of Corporations
Annual Reports Section
P.O. Box 6327
Tallahassee, FL 32314

**Re: Suarez Property Management, Inc.
Document #P02000094780 and
Yes Properties, Ltd.
Document #A02000001188**

Dear Sir/Madame:

In connection with the above-referenced matter, please be advised that my client is an Officer of three entities with the principal place of business all at his residence; only one of which was received, however Suarez Property Management, Inc. and Yes Properties, Ltd. were never delivered to him. I have attached the Reinstatement Forms along with a check for \$300.00 for the filing fees hoping that you can waive the penalty.

Thank you for your help and consideration in this matter.

Very truly yours,

FRIEDMAN & FROST, P.L.



IRWIN M. FROST

IMF:rz
Encls.
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