Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

66 WEST FLAGLER RENTALS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000052804

1. Corporation Name
66 WEST FLAGLER RENTALS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
700 South Dixie Highway	700 South Dixie Highway
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

CR2E031 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 03/22/2004

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.70 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JULIO AYALA

Street Address (P.O. Box Number is Not Acceptable): 700 South Dixie Highway

Suite, Apt. #, Etc.: Suite 200

City: Coral Gables State: FL Zip Code: 33146

REINSTATEMENT

10-11 RH

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 12/15/11

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
PT	William M. Tuttle II	700 South Dixie Highway, Suite 200	Coral Gables/FL/33146
VS	Julio Ayala	700 South Dixie Highway, Suite 200	Coral Gables/FL/33146
V	Craig Downs	700 South Dixie Highway, Suite 200	Coral Gables/FL/33146

10. E-mail Address: _____
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 12/15/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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