

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

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

000150-158874

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

Electronic Filing Menu

Corporate Filing Menu

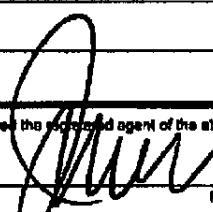
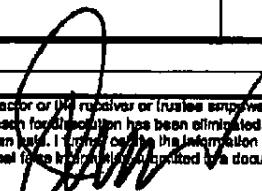
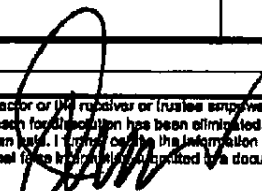
Help

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 # 700 South Dixie Highway		3. Mailing Office Address 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
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 ☐ \$9.75 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
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 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)			
Title	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 am not certifying 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 furnished to a document to the Department of State constitutes a third degree felony as provided in s.617.155, F.S.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

REINSTATEMENT

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