

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 18 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000009452

1. Corporation Name

Bel-Aire Unit 806, Inc.

2. Principal Office Address - No P.O. Box #

601 Brickell Key Dr

Suite, Apt. #, etc.

702

City & State

Miami FL

Zip

33131

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 11-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/19/2005

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300235270853
05/18/12--01001--010 **900.00

6/5/14

7. Name and Address of Current Registered Agent

Name

Gerardo A. Vazquez PA

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

601 Brickell Key Dr

Suite, Apt. #, etc.

702

City

Miami

State

FL

Zip Code

33131

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

(Signature)

REGISTERED AGENT MUST SIGN

Date

5/14/2012

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
DP	Eugenio Estrada	601 Brickell Key Dr # 702	Miami FL 33131

0. E-mail Address:

LAE.guazquez.com

(To be used for future annual report notification)

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, 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: (X)

EEC

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/14/2012

Daytime Phone #