

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000099687

1. Corporation Name

SOUTH DOUGLAS COCONUT GROVE INC.

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

3563 ROYAL PALM

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33133

Country

USA

3. Mailing Office Address

3563 ROYAL PALM

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33133

Country

USA

7. Name and Address of Current Registered Agent

Name

CARLOS MIGUEL DE MIRANDA CORREA

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

3563 ROYAL PALM

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date 03/10/10

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
	CARLOS MIGUEL		
D	DE MIRANDA CORREA	3563 ROYAL PALM	MIAMI, FL 33133

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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 15 AM 7:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400172223534
03/15/10--01062--002 **450.00
CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 7/28/06

5. FEI Number

20-5296052

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.