

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR *96*  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 NOV -8 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000004667**

1. Corporation Name

**BEHAR, FONT, DURAN & ASSOCIATES, INC.**

Principal Place of Business

999 PONCE DE LEON BLVD  
SUITE 750  
CORAL GABLES FL 33134

Mailing Address

999 PONCE DE LEON BLVD  
SUITE 750  
CORAL GABLES FL 33134

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.

Same as above  
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Same as above  
City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/1992

5. FEI Number

05-0369320

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<del>D</del>	<del>DURAN, RAY</del> Resigned	<del>999 SW 37 STREET</del>	<del>MIAMI FL</del>
D/P	BEHAR, ROBERT	424 CASTANIA AVENUE	CORAL GABLES FL
D/S	FONT, JAVIER	8230 SW 63 COURT	MIAMI FL

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-11/14/96--01033--021  
\*\*\*1275-88 \*\*\*1275-88

REINSTATEMENT

8. Name and Address of Current Registered Agent

~~DURAN, RAY~~  
~~999 PONCE DE LEON BLVD~~  
~~SUITE 750~~  
~~CORAL GABLES FL 33134~~

9. Name and Address of New Registered Agent

Name  
**Robert Behar**  
Street Address (P.O. Box Number is Not Acceptable)  
**999 Ponce De Leon Blvd.**  
Suite, Apt. #, Etc.  
**Suite 750**  
City  
**Coral Gables**  
State  
**FL**  
Zip Code  
**33134**

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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)(b), 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

ROBERT BEHAR, PRESIDENT 11/5/96 (305) 466-0220