

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED  
98 DEC 24 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003385

1. Corporation Name

LENNAR FLORIDA RETAIL VI Q.A., INC.

Principal Place of Business

Mailing Address

760 NW 107 AVE #400  
MIAMI FL 33172

760 NW 107 AVE #400  
MIAMI FL 33172

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98

4. Date Incorporated or Qualified  
To Do Business in Florida

01/14/1993

5. FEI Number

65-0441775

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/VP	LEWIS, WILLIAM M JR.	1585 BROADWAY 37TH FLOOR	NEW YORK, NEW YORK FL 10036
AS	NEALON, THOMAS F III	760 NW 107 AVE, STE 400	MIAMI FL
VP	LEVIN, DAVID	760 NW 107 AVE, STE 400	MIAMI FL
DPST	KRASNOFF, JEFFREY P	700 NW 107 AVE, STE 400	MIAMI FL 33172
VP	BLASER, THEKLA	760 NW 107TH AVENUE, SUITE 400	MIAMI FL
VP	Schrager, Ronald E.	760 NW 107th Ave., Ste 400	Miami, FL 33172

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEALON, THOMAS F III  
760 NW 107TH AVE, SUITE 400  
MIAMI FL 33172

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Thomas F. Nealon*  
REGISTERED AGENT MUST SIGN

Date 12/4/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(i), 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:

*Ronald E. Schrager*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/98  
Date

(305) 220-4300  
Daytime Phone #

CR2E040 (9/98)