

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000017137

1. Corporation Name

FROM MIAMI CORP.

Principal Place of Business

1717 N. Bay Shore Dr.
Suite 3745
Miami, FLorida 33132

Mailing Address

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

2. New Principal Office Address, If Applicable

1303 SW 107 Ave
Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable

1303 SW 107 Ave
Suite, Apt. #, etc

City & State

Miami, Florida

City & State

Miami, Florida

Zip
33174

Country

Zip
33174

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1993

5. FEI Number

65-0397849

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
PSTD	Olavo C Galvao Neto	11724 SW 142 Ct.	Miami, FL 33186

8. Name and Address of Current Registered Agent

Antonio C.M. Castro
1717 N. Bay Shore Dr. Ste 3745
Miami, FL 33132

9. Name and Address of New Registered Agent

Name
Olavo C Galvao Neto
Street Address (P.O. Box Number is Not Acceptable)
11724 SW 142 Ct.
Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33186

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

REGISTERED AGENT MUST SIGN

Date 7/26/99

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Olavo C Galvao Neto

7/26/99
Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 28 AM 8:14

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***1500.00 ***1500.00

REINSTATEMENT 94-94

CR2E081 (12/98)

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

SUBJECT: FROM MIAMI CORP.

Enclosed please find the Application for Reinstatement of FROM MIAMI CORP. (P93000017137) and a check of \$ 1500.00 for filing fees. Please return the confirmation to Kalkas Business Services.

FROM: Kalkas Business Services
Name
121 SE 1st Street, Suite 810
Address
Miami, FL 33131
City, State, Zip
(305) 577-9716
Area Code and Phone Number (Daytime)