

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

98 DEC -7 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027498

1. Corporation Name

OS BALCONES, INC.

Principal Place of Business

Mailing Address

4112 COCONUT CIRCLE SOUTH
NAPLES FL 34104

4112 COCONUT CIRCLE SOUTH
NAPLES FL 34104



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0410794

Not Applicable

Zip Country

Zip Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PVST	LAMADRID, VICTOR	4112 COCONUT CIR. SOUTH	NAPLES FL 34104
D	LAMADRID, VICTOR	4112 COCONUT CIR. SOUTH	NAPLES FL 34104

5000002712595-9
-12/15/98--01029--015
****150.00 ****150.00

(Signature)

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUTIERREZ, JAIME JR.
779 NOTTINGHAM DR
NAPLES FL 33942

Name William C. Erickson
Street Address (P.O. Box Number is Not Acceptable)
500 5th Ave So.
Suite, Apt. #, Etc. SUITE 524
City NAPLES State FL Zip Code 34102

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 11-30-98

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:

(Signature) REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/24/98 Daytime Phone #

CR2E040 (9/98)

WILLIAM C. ERICKSON
ACCOUNTANT

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500 FIFTH AVENUE SOUTH
SUITE 524
NAPLES, FLORIDA 34102
(941) 263-2810
FAX (941) 262-5155

November 30, 1998

Division of Corporations
P. O. BOX 6327
Tallahassee, FL 32314

RE: Los Balcones, Inc.
Doc # P93000027498 EIN 65-0410794
NEW MAILING ADDRESS:
4221 Coconut Circle South
Naples, FL 34104

As discussed with your office; we are writing in regard to our client Los Balcones, Inc. Mr. Lamadrid, the new owner of Los Balcones Inc., recently came to our office for accounting services.

One of the first steps taken on behalf of Mr. Lamadrid was an amendment to the Articles of Incorporation to change the address and officers. We believe that this is the reason why, we have just learned, that effective last month, his company was dissolved.

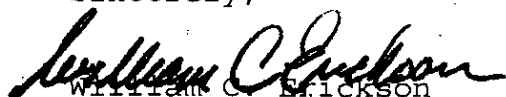
This is the first and only letter/notice that Mr. Lamadrid has received. Any previous mailings must have gone to the prior owner. It was believed that everything was in proper order. This is an oversight that must have occurred during the business ownership transition. On behalf of Mr. Lamadrid we apologize for this error.

Following the directions from your office, we have completed the Application for Reinstatement and are including it with a check for \$150. Along with our letter of explanation and apology.

Mr. Lamadrid is trying to follow all the correct procedures and has paid all the necessary taxes, licenses and fees due, in a timely manner. This was an honest oversight and we would like to request your consideration in this matter. We would like to request a waiver of the reinstatement penalty and ask that all future correspondence be mailed directly to Mr. Lamadrid at the address above.

Once again, thank-you very much for your time and assistance.

Sincerely,



William C. Erickson
WCE/vt

cc: V. Lamadrid

enc: Ck # 176

Reinstatement Application