

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # p93000032579

1. Corporation Name

ANSEL Properties, INC

FILED

98 DEC 22 PM 6:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5979 N.W. 151<sup>st</sup> STREET  
SUITE 240  
MIAMI LAKES, FL. 33014  
US

Mailing Address  
5979 NW 151<sup>st</sup> STREET  
SUITE 240  
MIAMI LAKES, FL 33014

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

2. New Principal Office Address, If Applicable

601 Brickell Key Drive

Suite, Apt. #, etc.

600

City & State

Miami, FL

Zip

33131

Country

3. New Mailing Office Address, If Applicable

601 Brickell Key Drive

Suite, Apt. #, etc.

600

City & State

Miami, FL

Zip

33131

Country

REINSTATEMENT

98 00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0414299

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
VP	MALNIK, ALVIN	8780 Horse Shoe Lane	Boca Raton, FL 33496
P	GOLDSTEIN, David	8780 Horse Shoe Lane	Boca Raton, FL 33496

6000002725546--6  
-12/23/98--01087--025  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

GILBERT, MARK  
5979 NW 151<sup>st</sup> STREET  
SUITE 240  
MIAMI LAKES, FL 33014

9. Name and Address of New Registered Agent

Name

GILBERT, MARK

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

601 BRICKELL Key Drive

Suite, Apt. #, Etc.

Suite 600

City

Miami

State

FL

Zip Code

33131

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]

REGISTERED AGENT MUST SIGN

Date

12/18/98

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/98

Date

305 533-2866

Daytime Phone #

CR2ED40 (1/98)