

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS

97 JAN 15 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034629

1. Corporation Name

The Bayliss South Beach, Inc.

Principal Place of Business

Mailing Address

504 14th St.
Miami Beach, FL 33139

Same

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

5/11/93

5. FTL Number

65-0409596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIGNED BY

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P;T;S	MARTHA MATANZO	504 14th Street Miami Beach, FL 33139	Miami Beach, FL 33139
V.P.	LUIS PRIETO	504 14th Street	Miami Beach, FL 33139

500002061265 --6
-01/17/97--01013--009
****\$15.00 ****\$15.00

JBI-15-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Richard Gonzalez, Esq.

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

420 Lincoln Road

Suite, Apt. #, etc.

Suite 335

City

Miami Beach

State

FL

Zip Code

33139

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

RICHARD GONZALEZ

Date

1/14/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Date

Daytime Phone #