


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 # P93000046696

Corporation Name
FOX VIEW FARM, INC.

Principal Place of Business
4071 MATHESON AVE
COCONUT GROVE, FL 33133

Mailing Address
4071 MATHESON AVE
COCONUT GROVE, FL 33133

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

New Principal Office Address, If Applicable
3825 EL PRADO BLVD

3. New Mailing Office Address, If Applicable
P.O. BOX 83-1778

4. Date Incorporated or Qualified To Do Business in Florida
07-01-1993

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

5. FEI Number
65-0427629

Zip
33133

Country
USA

Zip
33283

Country
USA


6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

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

1. Name(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
	LONGARES, ALEJANDRO	3825 EL PRADO BLVD	MIAMI, FLORIDA 33133
	LONGARES, WINIFRED P.	3825 EL PRADO BLVD	MIAMI, FLORIDA 33133

8. Name and Address of Current Registered Agent
LONGARES, ALEJANDRO
4071 MATHESON AVE
COCONUT GROVE, FL 33133

9. Name and Address of New Registered Agent
Name
LONGARES, ALEJANDRO
Street Address (P.O. Box Number is Not Acceptable)
3825 EL PRADO BLVD
Suite, Apt. #, Etc.
800003096708--9
City
MIAMI
Date
01/12/00
State
FL
Zip
33133


Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date
01-05-00

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.)

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 included in 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

ALEJANDRO LONGARES
Date
01-05-00
Daytime Phone #
305-663-8060

APPROVED AND FILED

00 JAN 10 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

95.00