

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **IMPROVED AND FILED**

**APPLICATION
FOR
REINSTATEMENT**



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

97 NOV 12 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000064628

1. Corporation Name

HUBERT LANDO INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~6801 NW 18TH TERRACE~~
MIAMI FL ~~33172~~

~~6801 NW 18TH TERRACE~~
MIAMI FL ~~33172~~

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

2. New Principal Office Address, If Applicable
1200 NW 78 Avenue

3. New Mailing Office Address, If Applicable
1200 NW 78 Avenue

Suite, Apt. #, etc.
Suite 209

Suite, Apt. #, etc.
Suite 209

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33126 USA

Zip Country
33126 USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1993

5. FEI Number

65-0436719

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)

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	ESTAY, JULIO E	2333 PRICKELL AVE, APT 1101	MIAMI FL 33129
VP	XXXXXXXXXX Miles, Gabriela	9351 FOUNTAINBLEAU BLVD #311	MIAMI FL 33172
S	ESTAY, GRETA	2333 BRICKELL AVE, APT 1101	MIAMI FL 33129
AS	MURATI, PATRICIA	2333 BRICKELL AVE, APT 1101 10639 NW 54th Street	MIAMI FL 33178
			300002346613--6 -11/13/97--01078--025 ***1500.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOMBERG, NORMAN
1110 BRICKELL AVENUE
SUITE 700
MIAMI FL 33131

Name

Norman Somberg

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

7700 North Kendall Drive

Suite, Apt. #, Etc.

Suite 610

City

Miami

State

FL

Zip Code

33156

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

Norman S.
REGISTERED AGENT MUST SIGN

Date

11/6/97

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)(l), 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

Patricia Murati

11/10/97

Date

**(305)
591-1152**
Daytime Phone #

CR2E040 (8/97)