

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

97 OCT 20 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **903000005162**

1. Corporation Name

THE WARSAW BALLROOM CORP.

Principal Place of Business

Mailing Address

**1450 COLLINS AVE
MIAMI BEACH, FL
33139**

**3260 CHASE AVE.
MIAMI BEACH, FL
33140**

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

9/14/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0438752

Applied For

Not Applicable

City & State

City & State

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
1	2	3	4
PRES.	LETICIA L. DILENA	3260 CHASE AVE. MA, FL 33140	

**8000002325308--3
-10/21/97--01026--013
****165.00 ****165.00**

10-20-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LETICIA L. DILENA
3260 CHASE AVE.
MA FL 33140**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Leticia L. Dilena

REGISTERED AGENT MUST SIGN

Date

10/17/97

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 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:

Leticia L. Dilena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/97

(305)

531 4499
Daytime Phone #

CR2E040 (12/96)

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THE WARSAW BALLROOM
1450 COLLINS AVENUE
MIAMI BEACH, FLORIDA 33139
(305) 531 4499

October 17th, 1997

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

To Whom It May Concern:

We were quite surprised to find out that our corporate status has been dissolved. After a number of harried phone calls we were informed that we had not filed a 1997 form. The truth is that we have never received the renewal form, nor the follow up notice usually sent in May (according to your office). We are on record locally with complaints to the Post Office regarding the non receipt of mail. As you can see by the enclosed form I have changed the mailing address to my home in an effort to make sure that I receive further correspondence.

I hope that you will accept our check for \$165.00 and our application for reinstatement, you should be assured that this will not happen again. As a good faith gesture I wanted to pre-pay for 1998, but was advised to wait until we receive our bill for fear that our pre-payment would get lost in the system. Thank you for your attention in this matter.

Sincerely,


Leitch L. Dillena