

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 # **P93000076997**

1. Corporation Name

ADVENTURE PLACE, INC.

Principal Place of Business

Mailing Address

**200 S. BISCAYNE BLVD. #2100
MIAMI, FLORIDA 33131**

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

2. New Principal Office Address, If Applicable

954 E 24 ST

Suite, Apt. #, etc.

City & State
HIACLEAH, FLORIDA

Zip
33013

Country
U.S

3. New Mailing Office Address, If Applicable

954 E. 24 ST

Suite, Apt. #, etc.

City & State
HIACLEAH, FLORIDA

Zip
33013

Country
U.S

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/93

5. FEI Number

☒ 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DIRECTOR	CARY GARCES	954 E. 24 ST	HIACLEAH, FLORIDA 33013
DIRECTOR	MARIA CASANOVA	954 E. 24 ST	HIACLEAH, FLORIDA 33013
PROSS	CARY GARCES	954 E. 24 ST	HIACLEAH, FLORIDA 33013
VICE-P	MARIA CASANOVA	954 E. 24 ST	HIACLEAH, FLORIDA 33013
SECR	CARY GARCES	954 E. 24 ST	HIACLEAH, FLORIDA 33013
TREAS	MARIA CASANOVA	954 E. 24 ST	HIACLEAH, FLORIDA 33013

8. Name and Address of Current Registered Agent

**RONALD R. FIELDSTONE
200 S. BISCAYNE BLVD #2100
MIAMI, FLORIDA 33131 U.S**

9. Name and Address of New Registered Agent

Name **CARY GARCES**

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

954 E. 24 ST

Suite, Apt. #, Etc.

City **HIACLEAH**

State **FL**

Zip Code **33013**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of a registered agent under chapter 607.0505, F.S.

Signature of
Registered Agent

Cary Garces

REGISTERED AGENT MUST SIGN

Date

9/16/98

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:

Cary Garces

CARY GARCES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP 17 1998

9/16/98

Daytime Phone #

305-962-6058

CR2ED40 (1/98)