

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

HIWALEAH, FLORIDA

Zip **33013**

Country **U.S**

3. New Mailing Office Address, If Applicable

954 E. 24 ST

Suite, Apt. #, etc.

City & State

HIWALEAH, 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)

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
DIRECTOR	CARY GARCES	954 E. 24 ST	HIWALEAH, FLORIDA 33013
DIRECTOR	MARIA CASANOVA	954 E. 24 ST	HIWALEAH, FLORIDA 33013
PRES	CARY GARCES	954 E. 24 ST	HIWALEAH, FLORIDA 33013
VICE-P	MARIA CASANOVA	954 E. 24 ST	HIWALEAH, FLORIDA 33013
SECR	CARY GARCES	954 E. 24 ST	HIWALEAH, FLORIDA 33013
TREAS	MARIA CASANOVA	954 E. 24 ST	HIWALEAH, 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 **HIWALEAH** 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 F.S. 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

Date

Daytime Phone #

SEP 17 1998

9/16/98

305-962-6058

CR2E040 (1-98)