

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000080170**

1. Corporation Name

CARA DONNA APTS. INC.

Principal Place of Business

212 PHOETIA
CORAL GABLES FL 33134

Mailing Address

13826 SW 102 CT.
MIAMI FL 33176

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1993

5. FEI Number

65-0464595

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	4 City / State / Zip
PT	KOPPE, ERIC	13826 SW 102 CT.	MIAMI FL 33176
VS PT	KOPPE, GARY	13826 SW 102 CT.	MIAMI FL 33176
VS	Lisa Koppe	13826 SW 102 CT	Miami FL 33176

8. Name and Address of Current Registered Agent

KOPPE, ERIC
13826 SW 102 COURT
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

Gary Koppe

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

13826 SW 102 CT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-20-02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-20-02 3052544508

CR2ED040 (8/02)

To Florida Department of State;

I did not receive the prior UBR notices. Please process these applications.
I am enclosing the original filing fee of \$150.00.

Sincerely

A handwritten signature in cursive script that reads "Gary Koppe". The signature is fluid and written in dark ink.

Gary Koppe
President