

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT



FILED

02 DEC 23 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600009645636
12/23/02--01073--016 **150.00

DOCUMENT # P93000080231

1. Corporation Name

SANTILLANE APTS. INC.

Principal Place of Business

Mailing Address

13826 SW 102ND CT
MIAMI FL 33176

13826 SW 102ND 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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/19/1993

5. FEI Number

65-0464617

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
			78

8. Name and Address of Current Registered Agent

KOPPE, ERIC
13320 SW 128TH ST
MIAMI FL 33186

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]
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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-02 3052544508

Date

Daytime Phone #

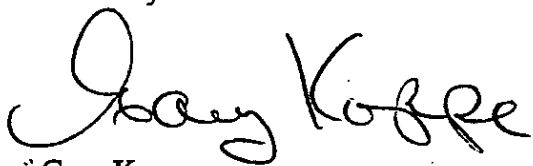
CR2E040 (8/02)

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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 written in dark ink and is positioned above the printed name and title.

Gary Koppe
President