

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOR  
REINSTATEMENT

DOCUMENT # P94000005734

1. Corporation Name

KURT-RHEIN APARTMENTS, INC.

Principal Place of Business

%JOSE A. SAAVEDRA  
1404 GRANADA BLVD.  
CORAL GABLES FL 33134

Mailing Address

%JOSE A. SAAVEDRA  
1404 GRANADA BLVD.  
CORAL GABLES FL 33134

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

01/24/1994

5. FEI Number

65-0467894

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
PD	SAUREDES, JOSE A.	6400 SE 52 STREET	MIAMI FL

8. Name and Address

SAAVEDRA, JOSE A.  
6400 SW 52ND STREET  
MIAMI FL 33155

Dear Secretary of State.  
I never received any  
of the previous report.  
You must have mailed  
to the wrong address.  
Enclosed is my check  
for \$150.00 - Thank you!  
Att. Maria Saavedra

300008606163  
10/28/02--01034--019 \*\*150.00

10/30

9. Name and Address of New Registered Agent

O. Box Number is Not Acceptable

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

02 22 - 02

Date

Daytime Phone #

CR2E040 (8/02)