

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 DEC 14 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017501**

1. Corporation Name

**SMART 119TH STREET, INC.**

Principal Place of Business

1108 N.W. 119TH STREET  
MIAMI FL 33167

Mailing Address

7884 WEST FLAGLER ST.  
MIAMI FL 33144



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

03/07/1994

5. FEI Number

65-0480274

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	NIEVES, ANA	7884 W. FLAGLER ATREET	MIAMI FL 33144
VP	RIUS, RAFAEL	7884 W. FLAGLER STREET	MIAMI FL 33144

800002720858--8

12/23/98 01043 025

\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

MARGOLIS, JOHN A  
9990 S.W. 77 AVENUE  
SUITE 330  
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

33144

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10f2

DECEMBER 9, 1998

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

TO WHOM IT MAY CONCERN:

THIS IS TO INFORM YOU THAT WE RECEIVED A NOTICE OF REVOCATION FOR OUR SMART 119TH STREET, INC. ON APRIL 22 WE SENT ALL SMART INC CHECKS SIMULTANEOUSLY. TO OUR SURPRISE SMART 119TH STREET INC WAS NOT CASHED. WE TELEPHONED TO INFORM YOU OF THIS MATTER. HOW COULD ALL OF THE CHECKS BEEN CASHED EXCEPT THIS ONE? TODAY, WE RECEIVED THE LETTER OF REVOCATION. WE SPOKE TO LESLIE SELLERS AND INFORMED HER WE ARE ISSUING A REPLACEMENT CHECK OF \$150 (SEE ATTACHED).

THANK YOU,

INSURE SMART