

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 NOV 19 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *9940000 21562*

1. Corporation Name

MICHAEL R. PRESLEY, CHARTERED

Principal Place of Business

Mailing Address

2801 PONCE DE LEON BOULEVARD  
6TH FLOOR  
CORAL GABLES, FL 33134

SAME

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 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

09/26/1997

5. FEI Number

65-0475770

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DIR	MICHAEL R. PRESLEY	4601 PONCE DE LEON BLVD SUITE 20	CORAL GABLES, FL 33146
AS	KAREN B. ROZAR	1201 HAYS STREET	TALLAHASSEE, FL 32301

REINSTATEMENT *97*

*36* *11-19-97*

8. Name and Address of Current Registered Agent

MICHAEL R. PRESLEY  
4601 PONCE DE LEON BOULEVARD, SUITE 420  
CORAL GABLES, FL 33146

9. Name and Address of New Registered Agent

Name  
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

Suite, Apt. #, Etc.

City TALLAHASSEE

State FL Zip Code 32301

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 #

CP2060 (12/95)



ACCOUNT NO. : 072100000032

REFERENCE : 605942 11196A

AUTHORIZATION :

*Patricia Pzyth*

COST LIMIT : \$ 750.00

ORDER DATE : November 19, 1997

ORDER TIME : 12:40 PM

ORDER NO. : 605942-005

100002352281--5

CUSTOMER NO: 11196A

CUSTOMER: Ms. Arys Ortega  
Michael Presley, Esq  
6th Floor  
2801 Ponce De Leon Blvd.  
Miami, FL 33134

DOMESTIC FILINGS

NAME: MICHAEL R. PRESLEY, CHARTERED

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED

NOV 21 1997  
DIVISION OF CORPORATIONS

file 1st