

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000022813

1. Corporation Name

Mezzanotte of Boca, Inc.

Principal Place of Business

Mailing Address

1100 Ponce de Leon  
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

150 E Palmetto #175

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33432

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/24/94

5. FEI Number

65-0560487

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
D	Billante Thomas	11900 Biscayne #106	Miami FL 33181

STATEMENT 96-99 B 5/12/99

800002875308--7  
-05/14/99-01011-017  
\*\*\*1200.00 \*\*\*1200.00

8. Name and Address of Current Registered Agent

Hellman Maynard  
1100 Ponce de Leon Blvd.  
Coral Gables, FL 33134.

9. Name and Address of New Registered Agent

Name  
Maynard J. Hellman  
Street Address (P.O. Box Number is Not Acceptable)  
150 S. Pine Island Road  
Suite, Apt. #, Etc.  
500  
City  
Plantation  
State  
FL  
Zip Code  
33324

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. This corporation owes 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

561-361-0111

Daytime Phone #

CH2E081 (12/98)