

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -1 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052998

1. Corporation Name

DORAL AT OLD CUTLER, INC.

Principal Place of Business

~~8405 SW 106 STREET~~
~~SUITE 500~~
~~MIAMI FL 33157~~
~~US~~

Mailing Address

~~3750 N.W. 87 AVE.~~
~~SUITE 300~~
~~MIAMI FL 33178~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~8405 SW 106 STREET~~
~~Suite, Apt. #, etc.~~
~~106~~
City & State
Miami, Florida
Zip
33176
Country
USA

3. New Mailing Office Address, If Applicable

~~8925 SW 148 street~~
~~Suite, Apt. #, etc.~~
~~106~~
City & State
Miami, Florida
Zip
33176
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

07/18/1994

5. FEI Number

65-0508059

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	KASKEL, WILLIAM L	6881 SW 105 STREET 8925 SW 148 suite 106	MIAMI FL 33176

100002364581--4
-12/05/97--01103--008
****175.00 ****175.00

8. Name and Address of Current Registered Agent

~~KASKEL, WILLIAM L~~
~~8405 SW 106 STREET~~
~~SUITE 500~~
~~MIAMI FL 33157~~

9. Name and Address of New Registered Agent

Name
Kaskel, William L.
Street Address (P.O. Box Number is Not Acceptable)
8925 SW 148
Suite, Apt. #, Etc.
#106
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.

Signature of Registered Agent

William L. Kaskel

REGISTERED AGENT MUST SIGN

Date

11/20/97

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:

William L. Kaskel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/97

Date

305-254-6100

Daytime Phone #

CR2E040 (9/97)

②

Doral At Old Cutler

November 25, 1997

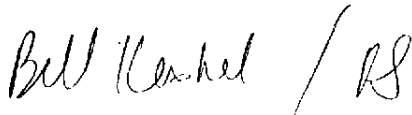
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

I am writing this letter to respectfully request your waiving the Reinstatement Fee for the above named corporation. I did not receive any of the notices for payment. Upon reviewing the Reinstatement Application, I noticed the mailing address is at a location we moved from almost three (3) years ago. I thought I had informed the State of our move, however, something must have gone wrong. I apologize for the inconvenience and, rest assured, this will not happen again.

Thank your in advance for your consideration.

Respectfully,



William Kaskel
President
Doral at Old Cutler, Inc.