

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

98 MAY -1 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000079038

1. Corporation Name

CONCEPTS FOR HABITATS INC.

Principal Place of Business

Mailing Address

16900 NW 77 COURT  
MIAMI, FLORIDA 33016

REINSTATEMENT

97-98

500002516255--8

-05/07/98--01126--017

\*\*\*\*908.75 \*\*\*\*908.75

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

2. New Principal Office Address, If Applicable

16900 NW 77 COURT

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 4336

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/94

5. FEI Number

65-0551753

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
PRES	JORGE L. MONTES	6913 NW 173 DRIVE #102	MIAMI, FL 33015
VICE PRES	ELVIRA MONTES	6913 NW 173 DRIVE #102	MIAMI, FL 33015
TR	ELVIRA MONTES	6913 NW 173 DRIVE #102	MIAMI, FL 33015
SEC	ELVIRA MONTES	6913 NW 173 DRIVE #102	MIAMI, FL 33015

8. Name and Address of Current Registered Agent

JORGE L. MONTES  
6913 NW 173 DRIVE #102  
MIAMI, FLORIDA 33015

9. Name and Address of New Registered Agent

Name JORGE L. MONTES  
Street Address (P.O. Box Number is Not Acceptable)  
16900 NW 77 COURT  
Suite, Apt. #, Etc.

City MIAMI

State FL Zip Code 33016

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

4/20/99

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 #

4/20/99 305-827-9441