

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION
FOR
REINSTATEMENT**

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

DOCUMENT # P94000083740

1. Corporation Name **Next Boynton Development Corporation**

Principal Place of Business Mailing Address
901 Ponce de Leon Blvd.
Suite 600
Miami, 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 3850 Bird Road		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/16/94	
Suite, Apt. #, etc. 2nd Floor		Suite, Apt. #, etc.		5. FEI Number 65-0533891	
City & State Coral Gables, FL		City & State		Applied For ☐ Not Applicable ☐	
Zip 33146	Country USA	Zip	Country	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)

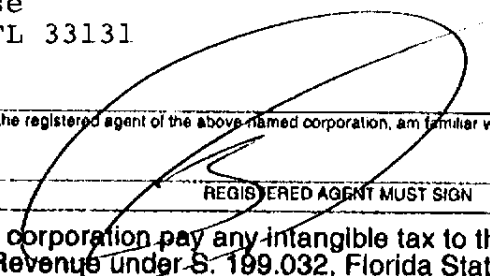
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Manuel M. Mato	3850 Bird Road 2nd Floor	Coral Gables, FL 33146
CEO	E. Daniel Lopez	3850 Bird Road 2nd Fl	Coral Gables, FL 33146
VP	Mike Verdeja	3850 Bird Road 2nd Floor	Coral Gables, FL 33146

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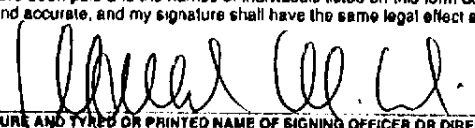
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Hector Formoso-Murias, Esq. 1101 Brickell Avenue Penthouse Miami, FL 33131		Name Ignacio G. Zulueta, Esq.	
		Street Address (P.O. Box Number is Not Acceptable) 6255 Bird Road	
		Suite, Apt. #, Etc.	
		City Miami	State FL
		Zip Code 33155	

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 **11/12/97**

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 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 taxes 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:  **11/12/97 (885) 445-0271**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #