

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P94000091270**

1. Corporation Name

INTERACTIVE PROPERTIES, INC.

FILED

96 NOV 25 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

LAW OFFICE OF JOSEPH F. LOPEZ
~~8881 GALLEGO CT. - 2ND FLOOR~~
CORAL GABLES FL 33134

Mailing Address

LAW OFFICE OF JOSEPH F. LOPEZ
~~8881 GALLEGO CT. - 2ND FLOOR~~
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

3. New Mailing Office Address, If Applicable

4. Date incorporated or qualified
To Do Business in Florida

12/14/1994

Suite, Apt. #, etc.

250 Bird Road #302

Suite, Apt. #, etc.

250 Bird Road #302

City & State

Coral Gables, Fl.

City & State

Coral Gables, Fl.

Zip

33146

Country

Dade

Zip

33146

Country

Dade

5. FEI Number

65-0549396

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

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
P/S/T	STEVEN WIENER	C/O Joseph F. Lopez, Esq. 250 Bird Road, #302	Coral Gables, Fl. 33146
AST. S/T	JOSEPH F. LOPEZ, ESQ.	250 Bird Road, Suite #302	Coral Gables, Fl. 33146

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******583.75 ****583.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOPEZ, JOSEPH F ESQ.

~~8881 GALLEGO CT.~~

~~8881 GALLEGO CT.~~

~~8881 GALLEGO CT. FL 33134~~

Name

Joseph F. Lopez, Esquire

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

250 Bird Road

Suite, Apt. #, Etc.

Suite #302

City

Coral Gables,

State

FL

Zip Code

33146

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 REQUIRED

Date **11/20/96**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 REQUIRED

Date **11/20/96**

(305) 444-4375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #