APPLICATION FOR REINSTATEMENT

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

99 MAY 10 AM 9:27

STATE
FLORIDA

DOCUMENT # P95-000007761

1. Corporation Name
FIRE HOUSE 66, INCORPORATED

REINSTATEMENT 96-99

Principal Place of Business	Mailing Address
540 Brickell Key Drive Suite 1708 Miami, Florida 33131	540 Brickell Key Drive Suite 1708 Miami, Florida 33131

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 Address, If Applicable
15601 Lance Pointe Place	P.O. Box 310205
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, Florida	City & State: Miami, Florida
Zip: 33331 Country: US	Zip: 33231 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 1/30/95

5. FEI Number: 65-0583217 — Applied F / Not Appli

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee w... Florida Certificate of St...

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
Pres/Dir	Tyrone Victor Hubbard	15601 Lance Pointe Place	Davie, Florida 33331

100028?531?--9
-05/14/99--01011--020
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

Tyrone Victor Hubbard
15601 Lance Pointe Place
Davie, Florida 33331

9. Name and Address of New Registered Agent

Name: Leonardo F. Brito, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1001 Brickell Bay Drive
Suite, Apt. #, Etc.: 3000
City: Miami State: FL Zip Code: 33131

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: Leonardo F. Brito REGISTERED AGENT MUST SIGN Date: 5/7/99

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.)

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 acc... 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 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 if 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 under oath.

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