

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 FILED

DOCUMENT #

P95000037131

96 NOV 25 AM 10:20

1 Corporation Name

NORTHEAST MIAMI, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4699 N. FEDERAL HWY. Ste. 205
POMPANO BEACH, FL. 33064

REINSTATEMENT 1996

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

4699 N. FEDERAL HWY

3. New Mailing Address, If Applicable

4699 N. FEDERAL HWY

4. Date Incorporated or Qualified
To Do Business in Florida

05-10-96

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

5. FEI Number

65-0581852

Applied For

Not Applicable

City & State

POMPANO BEACH, FL.

City & State

POMPANO BEACH, FL.

Zip

33064

Country

USA

Zip

33064

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☒

SB 75: A corporation that has been dissolved by the Department of State.

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.	CRAIG CURRIE	2000 NE 30th CT	LIGHTHOUSE PT. FLORIDA 33064

100002017081-6
-12/02/96--01038--001
****387.50 ****387.50

8. Name and Address of Current Registered Agent

CRAIG CURRIE
2000NE 30th Ct.
Lighthouse Pt. Fl. 33064

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Craig Currie

Date 11-20-96

REGISTERED AGENT MUST SIGN

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 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:

Craig Currie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-20-96