

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR <div style="font-size: 2em; font-weight: bold; position: absolute; top: 0; left: 100px;">98AR</div> <div style="position: absolute; top: 0; right: 0; text-align: right;"> <small>DO NOT WRITE IN THIS SPACE</small> <div style="font-size: 1.5em; font-weight: bold;">865-0727</div> </div>	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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FILED

98 SEP 21 AM 10:33

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: Pelham of Miami Inc 7601 E. TREASURE DR Suite 1023 N. BAY VILLAGE FL 33141 <div style="position: absolute; top: 0; right: 0; font-size: 1.2em;">DOCUMENT # 195000057633</div>	2. Address of Principal Office: If the address of the principal office is different from the mailing address, enter the correct address below: Address: 7601 E. TREASURE DR Suite 1023 City and State: N. BAY VILLAGE FL Zip Code: 33141 3. If Principal Office Address is different from mailing address, enter address below: Address: _____ City and State: _____ Zip Code: _____
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4. Date Incorporated or Qualified To Do Business in Florida: 7/26/95	5. FEI Number: 65-0667840	FEI Number Applied For: FEI Number Not Applicable	6. \$8.75 Additional Fee required for a Certificate of Status: CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
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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
D	Lino Marini	7601 E. TREASURE DR Suite 1023	N. BAY VILLAGE FL 33141
V/PD	Jorge Muller	7601 E. TREASURE DR Suite 1023	N. BAY VILLAGE FL 33141

REGISTERED AGENT INFORMATION		9. If changed, new registered agent / office	
8. Name and Address of Current Registered Agent William H. Albornoz, Esquire Albornoz Segura & Weisz 901 Ponce de Leon Blvd Suite 601 Coral Gables FL		Name: _____ Street Address (Do NOT Use P.O. Box Number): _____ Street Address (Do NOT Use P.O. Box Number): _____ City: _____ State: FL Zip: _____	

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: William H. Albornoz Date: 9/8/98

REGISTERED AGENT MUST SIGN

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 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 of Officer or Director: Jorge Muller Date: 9/8/98 Daytime Phone #: _____

Typed or printed name of signing officer or director: Jorge Muller

CPRE040 (8/92)