

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 16 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000072663

**1. Corporation Name**

Hold and Opt Florida, Inc.

**2. Principal Office Address**

601 Brickell Key Drive

**3. Mailing Office Address**

601 Brickell Key Drive

Suite, Apt. #, etc.

Suite 805

Suite, Apt. #, etc.

Suite 805

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/20/1995

**5. FEI Number**

65-0625164

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Allen & Galego

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

601 Brickell Key Drive

Suite, Apt. #, Etc.

Suite 805

City

Miami

State  
FL

Zip Code  
33131

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

By: Robert N. Allen, Jr., Pres. Date 10/11/02

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director** (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Jose R. Revenga	601 Brickell Key Dr., #805	Miami, FL 33131
SS	Robert N. Allen, Jr.	601 Brickell Key Dr., #805	Miami, FL 33131

**10.** 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 fees 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert N. Allen, Jr.

10/11/02

Date

305-372-3300

Daytime Phone #

CR2E081 (9/01)

gs 10/16/02