

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

97 MAY 30 PM 2:37

DOCUMENT # P95000082787

1. Corporation Name

ATHENA PARTNERS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97
A. Alan 5/30/97

Principal Place of Business

Mailing Address

~~8025 BRICKELL AVE., #802~~
~~MIAMI FL 33129~~

~~8025 BRICKELL AVE., #802~~
~~MIAMI FL 33129~~

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

2. New Principal Office Address, If Applicable
620 DESTACADA AVE.

3. New Mailing Office Address, If Applicable
620 DESTACADA AVE.

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0633266

Applied For

Not Applicable

City & State
CORAL GABLES, FLORIDA

City & State
CORAL GABLES, FLORIDA

Zip
33156

Country
USA

Zip
33156

Country
USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
⊕	BLACK, D. ROBERT	2025 BRICKELL AVE., #802 620 DESTACADA AVE.	MIAMI FL 33129 CORAL GABLES, FL 33156
P/D			

000002201290--0
-06/04/97-01057-012
****915.00 ****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLACK, D. ROBERT

Name

~~2025 BRICKELL AVE., #802~~ 620 DESTACADA AVE.
~~MIAMI FL 33129~~ CORAL GABLES, FL
33156

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

620 DESTACADA AVE.

Suite, Apt. #, Etc.

City
CORAL GABLES

State
FL

Zip Code
33156

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

D.R. Black

REGISTERED AGENT MUST SIGN

Date

4/30/97

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 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:

D.R. Black

D.R. BLACK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

305 668-1707

Daytime Phone #

CP2ED40 (7/96)