

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000083674**

1. Corporation Name

CAPITAL HOMES ENTERPRISES, INC.

Principal Place of Business

Mailing Address

444 BRICKELL AVENUE
SUITE 51-437
MIAMI FL 33131-2432

444 BRICKELL AVENUE
SUITE 51-437
MIAMI FL 33131-2432

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 Office Address, If Applicable

Suite, Apt. #, etc.

15102 NW 91 CT

Suite, Apt. #, etc.

15102 NW 91 CT

City & State

MIAMI LAKES FL

City & State

MIAMI LAKES FL

Zip

33018

Country

DADE/USA

Zip

33018

Country

DADE/USA

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
President	ANDRES MENDEZ	15102 NW 91 CT	MIAMI FL 33018

700002002897--6
-11/13/96--01108--011
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENDEZ, ANDRES
444 BRICKELL AVENUE
SUITE 51-437
MIAMI FL 33131-2432

Name

ANDRES MENDEZ

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

15102 NW 91 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33018

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

[Signature] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **9-23-96**

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: *[Signature]* **ANDRES MENDEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-96 **305-362-4497**
Date Daytime Phone

FILED

96 NOV -4 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

96 Nov 19

CRE040 (7/95)