

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

98 JUN -3 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000097426

1. Corporation Name GENERAL BUSINESS RESOURCES OF FLORIDA, INC.

Principal Place of Business

4130 S.W. 83 Avenue
Miami, Florida 33155

Mailing Address

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable

6800 S.W. 40 Street, No. 132
Suite, Apt. #, etc.

No. 132

City & State
Miami, Florida

Zip
33155

Country
USA

3. New Mailing Address, If Applicable

6800 S.W. 40 St., No. 132
Suite, Apt. #, etc.

No. 132

City & State
Miami, Florida

Zip
33155

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida
12/27/95

5. FEI Number

65-0632679

Applied For

Not Applicable

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
D	Hernandez, Vivian	6800 S.W. 40 Street, No. 132	Miami, Florida 33155
Sec	Hernandez, Manuel	6800 S.W. 40 Street, No. 132	Miami, Florida 33155

700002552557--0
-06/03/98--01048-015
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Vivian Hernandez
4130 S.W. 83 Avenue
Miami, FL 33155

9. Name and Address of New Registered Agent

Name
Vivian Hernandez
Street Address (P.O. Box Number is Not Acceptable)
6800 S.W. 40 Street, No. 132
Suite, Apt. #, Etc.
No. 132
City
Miami
State
FL
Zip Code
33155

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 X

REGISTERED AGENT MUST SIGN

Date 5-28-98

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: X

5-28-98 305 271-2133

CR2E040 (12/95)