

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015099

1. Corporation Name

PARACHUTE RECOVERY CENTER & HOTELS AND RESORTS R
ESERVATION CENTER, INC.

Principal Place of Business

Mailing Address

8390 N.W. 53RD ST.
#313
MIAMI FL 33166

8390 N.W. 53RD ST.
#313
MIAMI FL 33166

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1996

5. FEI Number

22-3591399

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ALIBRANDI, ALBERTO	8390 N.W. 53RD ST. #313	MIAMI FL 33166
			100004718571--4 -12/11/01--01051--005 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALIBRANDI, ALBERTO
8390 N.W. 53RD ST.
#313
MIAMI FL 33166

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11-6-01

11. 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

Date

Daytime Phone #

11-6-01 305 599 2124

2 of 2

HOTELS & RESORTS RESERVATION CENTER

8390 N.W. 53rd Street, # 313
Miami, Fl. 33166
E-Mail: hotelnet@att.net

Phone: 305.599.2124
1.800.221.5333
Fax: 305.599.1946

FLORIDA DEPARTMENT OF STATE

Ms. Katherine Harris
Secretary of State
Division of Corporations

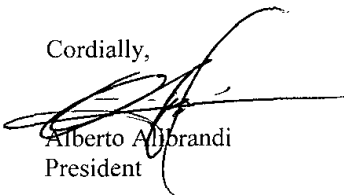
REF.: Document # P96000015099

Dear Ms. Harris:

As per my conversation with one of your examiners Ms. Stacy, I have been instructed to write a letter reporting the fact that I never received any previous notice, accompanied with our corresponding filling fee of \$150.00, check # 5308 and duly signed application for reinstatement form.

We appreciate your assistance in this matter.

Cordially,



Alberto Allibrandi
President