

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

99 JAN 12 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000025473

1. Corporation Name

WARE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

147 Alhambra Circle
Coral Gables, FL 33134

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable
c/o Bessemer Trust Co., N.A.

4. Date Incorporated or Qualified
To Do Business in Florida
March 16, 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc. 630 Fifth Ave.
Attn: Laura M. Lamberta

5. FEI Number

65-0663494

Applied For

Not Applicable

City & State

City & State

New York, New York

Zip

Country

Zip

Country

10111

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
D/P/S/ T	Rhoda C. Ware	147 Alhambra Circle	Coral Gables, FL 33134
			6000002751306--9 -01/22/99--01098--007 ****750.00 ****750.00

REINSTATEMENT

99-99
1/12/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, Florida 32301-2525

Name

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

Suite, Apt. #, Etc.

City

6000002751306--9

-01/22/99--01098--008

****150.00 State ****150.00

FL

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

Maureen Cullen

Assistant Secretary

REGISTERED AGENT MUST SIGN

Date January 8, 1999

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:

Rhoda C. Ware

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 1999 (305) 445-2424

Date

Daytime Phone #

CRP/ENR 112891