

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 16 PM 12:34

DOCUMENT # P96000029029

1. Corporation Name

KENDALL AIRPORT COMMERCE CENTER II, INC.

Principal Place of Business

Mailing Address

12501 NORTH KENDALL DR. P.O. BOX 971507

SIDE SUITE

MIAMI, FL 33197

MIAMI, FL 33186

REINSTATEMENT

88-00

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

2. New Principal Office Address, If Applicable  
1313 PONCE DE LEON BLVD.

Suite, Apt. #, etc.  
SUITE 300

City & State  
CORAL GABLES, FL

Zip  
33134

Country  
USA

3. New Mailing Office Address, If Applicable  
1313 PONCE DE LEON BLVD.

Suite, Apt. #, etc.  
SUITE 300

City & State  
CORAL GABLES, FL

Zip  
33134

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/96

5. FEI Number

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T/D	ZOE M. SEIJAS	1313 PONCE DE LEON BLVD SUITE 300	CORAL GABLES, FL 33134

600003312336--9  
-07/05/00--01008--009  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

RICHARD F. KONDLA  
12501 NORTH KENDALL DRIVE  
SIDE SUITE  
MIAMI, FL 33186

9. Name and Address of New Registered Agent

Name  
ZOE M. SEIJAS

Street Address (P.O. Box Number is Not Acceptable)  
1313 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.  
SUITE 300

City  
CORAL GABLES

State  
FL

Zip Code  
33134

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]*

REGISTERED AGENT MUST SIGN

Date 6/6/00

AD

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 name 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]*

ZOE M. SEIJAS

6/6/00

(305) 443-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #