

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P96000030373

1. Corporation Name

BIARRITZ PROPERTIES CORP.

Mailing Address
2127 Brickell Avenue
Miami, Florida 33129

Principal Place of Business
2127 Brickell Avenue
Miami, Florida 33129

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

2. New Mailing Address, If Applicable

c/o Banco Santander, 3rd Floor

Suite, Apt. #, etc.

P.O. Box N-1682, Bahamas Financial Centre

City & State

Charlotte & Shirley Street

Zip

Nassau

Country

Bahamas

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

97 NOV -3 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1996

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
DPS	Maria Taylor	c/o 2127 Brickell Avenue	Miami, FL 33129
DV	Roberto Crespo	c/o 2127 Brickell Avenue	Miami, FL 33129
DT	Jose Lozada	c/o 2127 Brickell Avenue	Miami, FL 33129

000002340040--1
-11/06/97--01052--011
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
5200 Blue Lagoon Drive, Suite 700
Miami, Florida 33126

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Ramon E. Rasco, President

Date: 10/16/97

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 further certify that when 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 a fee 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.