

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000032281

1. Corporation Name

NORTH BISCAYNE INVESTMENT INC.

Principal Place of Business

13499 BISCAYNE BLVD STE 201
MIAMI FL 33181

Mailing Address

13499 BISCAYNE BLVD.
SUITE 201
MIAMI FL 33181

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

2. New Principal Office Address, If Applicable

10743 SW 142 Street
Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1996

5. FEI Number

65-0657844

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

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

P

HUARTE, SANDRA

13499 BISCAYNE BLVD.

MIAMI FL

000024099770

10/27/03--01004--011 **150.00

8. Name and Address of Current Registered Agent

HUARTE, SANDRA
13499 BISCAYNE BLVD
201
MIAMI FL 33181

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-21-03

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 #

CR2E040 (7/03)

NORTH BISCAYNE INVESTMENT

13499 Biscayne Blvd Suite 201

North Miami, FL 33181

Ph: 305-948-9000

Fax: 305-947-6688

October 21, 2003

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To Whom It May Concern:

As per our conversation with one of your representatives regarding the notice of administrative dissolution of our corporation, the following is our formal letter stating that we have never received a notice for the year 2003.

Please wave the fees of \$750.00 in view of the fact that as mentioned before, we did not receive such notice. Enclosed is a check for \$150.00 as per your instructions.

Should you have any questions, please do not hesitate to contact us at the numbers provided above.

Sincerely,



Sandra Huarte
President

enclosures