

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 DEC -7 PM 5:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000041391

1. Corporation Name

FLORIDA SUNBREAK, INC.

Principal Place of Business

Mailing Address

469 LINCOLN RD.  
306  
MIAMI BEACH FL 33139  
US

469 LINCOLN RD.  
306  
MIAMI BEACH FL 33139  
US

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

2. New Principal Office Address, If Applicable

111 Alton Road

3. New Mailing Office Address, If Applicable

111 Alton Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

US

Zip

33139

Country

US

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4. Date Incorporated or Qualified To Do Business in Florida

05/07/1996

5. FEI Number

65-0667941

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)

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
P	SQUIRE, WILLIAM P. III	681 NE 70TH ST 140 Jefferson Ave #14009	MIAMI FL Miami Bch FL
VP	Squire, Thuy-Ai T.	140 Jefferson Ave #14009	Miami Bch FL

8. Name and Address of Current Registered Agent

SQUIRE, WILLIAM P. III  
681 NE 70TH ST  
MIAMI FL 33138  
#14009  
MB FL 33135

9. Name and Address of New Registered Agent

Name  
Thuy-Ai T. Squire  
Street Address (P.O. Box Number is Not Acceptable)  
140 Jefferson Ave #  
Suite, Apt. #, Etc.  
#14009  
City  
Miami Beach  
State  
FL  
Zip Code  
33139

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 12/2/98

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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-532-1516

CR2E040 (9/98)