

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

98 AUG 11 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA160000041524  
1. Corporation Name 7-12-91 INVESTMENTS, INC.

Principal Place of Business Mailing Address  
12310 SW 95 Terrace 12310 SW 95 Terrace  
Miami, Fl. 33186 Miami, Fl. 33186

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

2. New Principal Office Address, If Applicable 12310 SW 95 Terrace  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable 12310 SW 95 Terrace  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

City & State  
Miami, Florida  
Zip 33186 Country U.S.A.

City & State  
Miami, Florida  
Zip 33186 Country U.S.A.

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
	D GONZALEZ, BLANCA C	12310 SW 95 Terrace	Miami, Fl. 33186
	D GONZALEZ, ILDEFONSO	12310 SW 95 Terrace	Miami, Fl. 33186

600002619686--9  
-08/19/98-01032-006  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORALES, YOLANDA, ESQ.  
300 ARAGON AVE.  
SUITE 250  
CORAL GABLES, FL. 33134

Name  
GOMEZ, LUISA  
Street Address (P.O. Box Number is Not Acceptable)  
12310 SW 95 Terrace  
Suite, Apt. #, Etc.

City Miami State FL Zip Code 33186

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ILDEFONSO GONZALEZ