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APPLICATION
FOR
REINSTATEMENT
FOR 1997 and 1998

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 FEB 24 AM 10:45

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

SECRETARY OF STATE

1. Name and Mailing Address of Corporation: DOCUMENT # P96000052055

5875 Collins, Corp.
5700 Collins Avenue
Miami Beach, FL 33140

2. If Address in Block 1 is incorrect, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address c/o Royal Coast Enterprises
5151 Collins Avenue

Address

City and State

Miami Beach, Florida

Zip Code

33140

REINSTATEMENT

3. Date Incorporated or Qualified To Do Business in Florida

6/18/96

4. FEI Number

65-0767365

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

Title 1	Names of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
D/P/S	Riva, Roberto	5151 Collins Avenue	Miami Beach, FL 33140

400002440504--1
-02/25/98-01057-007
****750.00 ****750.00
400002440504--1
-02/25/98-01057-008
****150.00 ****150.00

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☒ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

David Shear
200 S. Biscayne Blvd., Suite 2100
Miami, FL 33131

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

FL.

Zip Code

8. 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 11/12/97

9. 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., and that all fees 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.

Signature of Officer or Director

Date 11/12/97

Phone # 305-867-9100

Typed or printed name of signing officer or director Roberto Riva, President

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
required for a
Certificate of Status