

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | APPROVED AND FILED 98 SEP 18 AM 10:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # <u>PA000057513</u> | | | | | |
| 1. Corporation Name De Pons & Associates, Inc. | | | | | |
| Principal Place of Business One Biscayne Tower, Suite 104 2 S. Biscayne Blvd. Miami, FL 33131 | | | Mailing Address One Biscayne Tower, Suite 2 S. Biscayne Blvd. 104 Miami, FL 33131 | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | |
| 2. New Principal Office Address, If Applicable One Biscayne Tower/ 104 - Two S. Biscayne Blvd. Miami, FL | | 3. New Mailing Address, If Applicable One Biscayne Tower 104/ Two S. Biscayne Blvd. Miami, FL | | 4. Date incorporated or Qualified To Do Business in Florida 1996 | |
| Suite, Apt. #, etc. 104 - Two S. Biscayne Blvd. | | Suite, Apt. #, etc. 104/ Two S. Biscayne Blvd. | | 5. FEI Number 65-0678555 | |
| City & State Miami, FL | | City & State Miami, FL | | Applied For Not Applicable | |
| Zip 33131 | Country USA | Zip 33131 | Country USA | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip | | |
| P/T VP | Peggy Bruhy | 373 NE 91st Street | Miami Shores, FL 33138 | | |
| S | Patricia DePons | 952 NE 90th Street | Miami, FL 33138 | | |
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| 8. Name and Address of Current Registered Agent John M. MacDaniel, Esq. One Biscayne Tower, Suite 2975 Two S. Biscayne Blvd. Miami, FL 33131 | | | 9. Name and Address of New Registered Agent Name John M. MacDaniel, Esq. Street Address (P.O. Box Number is Not Acceptable) One Biscayne Tower / Two South Biscayne Blvd. Suite, Apt. #, Etc. Suite 2975 City Miami | | |
| | | | State FL | Zip Code 33131 | |
| 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: Date 09/17/98 REGISTERED AGENT MUST SIGN | | | | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.) | | | | | |
| 12. 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 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: | | | Patricia Depons | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 9-16-98 | | |
| | | | Daytime Phone 305-392-8700 | | |

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