(1)

H97000017287 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

1997 OCT 17 AM 10:17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000073845

1 Corporation Name

WEST DADE DEVELOPMENT, CORP.

Principal Place of Business

11740 S.W. 119th Terr.
Miami, FL 33186

Mailing Address

Same

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

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc
City & State
Zip Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc
City & State
Zip Country

4 Date Incorporated or Qualified To Do Business in Florida 9/05/96

5. FEI Number 65-0698341 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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	Lissette B Souto	11740 S.W. 119th Terr.	Miami, FL 33186

REINSTATEMENT '97

SCC 10-17-97

8. Name and Address of Current Registered Agent

Tracey Skinner Brown
4675 Ponce de Leon Blvd.
Suite 305
Coral Gables, FL 33146

9. Name and Address of New Registered Agent

Name: Lissette B Souto
Street Address (P.O. Box Number is Not Acceptable): 11740 S.W. 119th Terr.
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: [signature] Date: 10/16/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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] 10/16/97 (305)556-9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Prepared by: Lissette B Souto 11740 SW 119th Terr. Miami, FL 33186

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(2)

10/17/97 FLORIDA DIVISION OF CORPORATIONS 9:15 AM
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(((H97000017287 8)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: WEST DADE DEVELOPMENT, CORP.
AUDIT NUMBER.....H97000017287
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
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