

03/18/1999 11:05

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LAW OFFICES

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APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 19 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000075506

1. Corporation Name

NIGHT TABLE CORP.
5755 W. Flagler St., Unit 209
Miami, FL 33144

Principal Place of Business

Mailing Address

5755 W. Flagler St., Unit 209
Miami, FL 33144

REINSTATEMENT

97-99

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/96

5. FET Number

X Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

DO NOT WRITE IN THIS SPACE

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 Officer and/or Director	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	JOSE A. DIAZ MESA	5755 W. Flagler St. #209	Miami, FL 33144
D/S	BLANCA M.A. DE DIAZ	5755 W. Flagler St., #209	Miami, FL 33144

 0000028143114
 03/22/99 01145-000
 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEDRO FERNANDEZ
5755 W. Flagler St., Unit 209
Miami, FL 33144

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 X

REGISTERED AGENT MUST SIGN

Date 3/18/99

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.)

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(9)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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:

SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

3/18/99

Daytime Phone #

TOTAL P.01