

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000080315

1. Corporation Name

AUBURN HARBOR, INC.

Principal Place of Business

Mailing Address

343 ALMEIRA AVENUE P.O. BOX 144479
CORAL GABLES, FL 33134 CORAL GABLES, FL 33114

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

2. New Principal Office Address, If Applicable

10115 SW 13th STREET
Suite, Apt. #, etc. 206

3. New Mailing Office Address, If Applicable

10115 SW 13th STREET
Suite, Apt. #, etc. 206

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

Zip 33025

Country US

Zip 33025

Country US

4. Date Incorporated or Qualified To Do Business in Florida

9/26/96

5. FEI Number

65-0961716

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	ELISETE PASSOS LOTURCO	10115 SW 13 th STREET, # 206	PEMBROKE PINES, FL 33025
S/D	JOSE LUCIANO PEREIRA	10115 SW 13 th STREET, # 206	PEMBROKE PINES, FL 33025

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***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMEIRA AVENUE
CORAL GABLES, FL 33134

Name

JOSE LUCIANO PEREIRA

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

10115 SW 13th STREET

Suite, Apt. #, Etc.

206

City

PEMBROKE PINES

State

FL

Zip Code

33025

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 9/13/01

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 #