

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

**APPROVED  
AND  
FILED**

98 APR 24 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000082844

1. Corporation Name

**LIZ DRIVEWAY CORP.**

Principal Place of Business

Mailing Address

**2300 CORAL WAY  
MIAMI FLORIDA 33145**

**2300 CORAL WAY  
MIAMI FLORIDA 33145**

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

2. New Principal Office Address, If Applicable  
**2300 CORAL WAY**

3. New Mailing Office Address, If Applicable  
**2300 CORAL WAY**

Suite, Apt. #, etc.  
**SUITE # 200**

Suite, Apt. #, etc.  
**SUITE # 200**

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

Zip Country  
**33145 US**

Zip Country  
**33145 US**

4. Date Incorporated or Qualified  
To Do Business in Florida  
**10 - 8 - 96**

5. FEI Number  
**65-0700782**

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/S/D	CARDONA WILFREDO	4522 S.W. 74 AVENUE	MIAMI FLORIDA 33155

800002503998--5  
-04/28/98--01120--011  
\*\*\*900.00 \*\*\*900.00

4/7/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
**FLORIDA ANNUAL REPORT SERVICES INC.**

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

**2300 CORAL WAY,**

Suite, Apt. #, Etc.  
**SUITE # 200**

City  
**MIAMI**

State Zip Code  
**FL 33145**

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 **AMADA CANTERLOPEZ.PRES**  
REGISTERED AGENT MUST SIGN

Date **4-7-98**

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:

**WILFREDO CARDONA. P/S/D/**

Date

Daytime Phone #

CR2E040 (1/98)