	PLEASE R	READ ALL INSTI	RUCTIC	JNS BELC	JRE C	OMPLE II	ING THIS	FURIVI	I.		
	PORATION STATEMENT	K Si	Katherine Secretary o		TATE		HAISTON	igr cor	D OF STATE RPORATIO PM 4: 00	1135	
P96000086189 I. Corporation Name BILTMORE APARTMENTS, INC.											
_	JIHIHOKH IIII	THENTO, INC.	,								
Principal C	Office Address	3. Mailing Of	Mailing Office Address			•			~ .	20	
950 SV	W 77th Avenue	SAM	1E			REINSTATEMENT 01-02					
uite, Apt. #, e	tc.	Suite, Apt. #, e	etc.	منح شنعود ،			porated or Qualifie				
		City & State	u. P. Chata				ness in Florida		er 17.	1996	
ity & State Liami,	ធា	Ony & State	City & State			5. FEI Number Applied For					
ip . Country		Zip	T	Country		65072	3107	co		t Applicable	
3143	Miami-Dad	'		•		CERTIFICATE	OF STATUS DESIR		3.75 Additional for a Certificate		
	· · · · · · · · · · · · · · · · · · ·	7. N	ame and Adr	dress of Current	t Register	ed Agent					
	Name Jerome J. Kavulich 50005293936 Street Address (P.O. Box Number is Not Acceptable) -04/18/020107800 2655 LeJeune Road *****900.00 Suite, Apt. #, Etc. PH. 1-D									⊉ 005	
1	City Coral Gables		State Zip Code FL 33134								
3. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN											
Names an	and Street Addresses of Each C		rida nonprofit				Τ				
Titles	Name of Officers and/or t		Street Address of Each Officer and/or Director				City / State / Zip				
/D/S G	Gilberto Izqui	ierdo	6950 {	SW 77th	Aven	ue	Miami,	Fl.	33143		
/P M	Maria Izquierd	of	6950 5	SW 77th	Aven	ue	Miami,	Fl.	33143		
							1				
											
									An	b	

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #