

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

DOCUMENT # *p96000090255*

1. Corporation Name

MIRAVEST PROPERTY CORP.

98 MAY -1 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

*2206 Hollywood Blvd.
Hollywood, FL 33020*

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

2. New Principal Office Address, If Applicable

6188 Miramar Parkway

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6188 Miramar Parkway

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11-1-96

5. FEI Number

65-0738202

Applied For

Not Applicable

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33023

Country

USA

Zip

33023

Country

USA

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
<i>Pres. Secy. Director</i>	<i>Barbara E. Schwartzberg</i>	<i>6188 Miramar Parkway</i>	<i>Hollywood, FL 33023</i>
			<i>700002516557--5</i>
			<i>05/08/98 01011 016</i>
			<i>****900.00 ****900.00</i>
			REINSTATEMENT
			<i>97-98</i>
			<i>5-6-98</i>

8. Name and Address of Current Registered Agent

*Ross Manella
2206 Hollywood Blvd.
Hollywood, FL 33020*

9. Name and Address of New Registered Agent

Name *Barbara E. Schwartzberg*
Street Address (P.O. Box Number is Not Acceptable)
6188 Miramar Pkwy.
Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33023

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

Barbara E. Schwartzberg

REGISTERED AGENT MUST SIGN

Date

4/28/98

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:

Barbara E. Schwartzberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara E. Schwartzberg

4/28/98
Date

(954) 9661900
Daytime Phone #

CR2040 (1/96)