

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

97 DEC -1 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000092516

1. Corporation Name
SOUTHERN CROSS UNITED, INC.

Principal Place of Business
2455 E. SUNRISE BLVD.
SUITE 502
FORT LAUDERDALE FL 33304

Mailing Address
2455 E. SUNRISE BLVD.
SUITE 502
FORT LAUDERDALE FL 33304



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

2. New Principal Office Address, If Applicable
~~SOUTHERN CROSS UNITED~~
Suite, Apt. #, etc.
13971 SW 159 Terr
City & State
MIAMI FL
Zip
33304
Country
USA

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
13971 SW 159 Terr
City & State
MIAMI FL
Zip
33304
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/12/1996

5. FEI Number 65-0708337
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
D/P	LICENZI, MARICELA	2455 E. SUNRISE BLVD., SUITE 502	FORT LAUDERDALE FL 33304
D/S	LICENZI, FRANCO	2455 E. SUNRISE BLVD., SUITE 502	FORT LAUDERDALE FL 33304

500002363735-3
12/04/97-01118-007
***750.00 ***750.00

11/13

8. Name and Address of Current Registered Agent

SCHNITZER, GERALD S
2455 E. SUNRISE BLVD.
SUITE 502
FORT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

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 *Gerald S. Schmitz*
REGISTERED AGENT MUST SIGN

Date 11/26/97

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: *Maricela Licenzi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/97
Date

Daytime Phone #

CR2E040 (8/97)