

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 # *PA6000094596*
1. Corporation Name
137 Rosales Court, Inc.

99 JUL 28 AM 10:31
STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
C/O Sylvia Maires 2809 Bird Avenue Box 269 Miami, FL 33133
C/O Sylvia Maires 2809 Bird Avenue Box 269 Miami, FL 33133
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *98-99*

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 11-19-1996
5. FEI Number ☐ 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	Rolain Levy	137 Rosales Court	Coral Gables, FL 33148
D	Sylvia Maires	137 Rosales Court	Coral Gables, FL 33148

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LS

8. Name and Address of Current Registered Agent
Neal S. Litman, Esq.
2900 SW 28 Terrace
Grove Plaza Bldg 2nd Floor
Coconut Grove, FL 33133

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 *[Signature]* Date *7/23/99*
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Sylvia Maires* 7-12-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (12/95)



ACCOUNT NO. : 072100000032

REFERENCE : 315722 121381A

AUTHORIZATION :

COST LIMIT : \$ 900.00

ORDER DATE : July 22, 1999

ORDER TIME : 3:25 PM

ORDER NO. : 315722-005

CUSTOMER NO: 121381A

CUSTOMER: Ms. Marisol L. Gonzalez
Neal S. Litman, P.a.
Grove Plaza, 2nd Floor
2900 S.w. 28th Terrace
Miami, FL 33133

DOMESTIC FILINGS

NAME: 137 ROSALES COURT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____

RECEIVED
59 JUL 28 AM 8:59
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE