

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 # P97000006768

1. Corporation Name

404
DRAKE 303/304, INC.

Principal Place of Business

Mailing Address

% SEMET, LICKSTEIN, MORGENSTERN, ET AL
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134

% SEMET, LICKSTEIN, MORGENSTERN, ET AL
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134

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

2. New Principal Office Address, if Applicable

c/o Fowler, White et al

Suite, Apt. #, etc.

100 S.E. 2nd Street, 17 FL.

City & State

Miami, Florida

Zip
33131

Country
USA

3. New Mailing Office Address, if Applicable

c/o Fowler, White et al.

Suite, Apt. #, etc.

100 S.E. 2nd Street, 17 FL

City & State

Miami, Florida

Zip
33131

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1997

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Jack Bergman	c/o Fowler White et al. 100 S.E. 2nd Street, 17th FL	Miami, Florida 33131
P	Paul S. Berger	100 S.E. 2nd St., 17 Floor	Miami, Florida 33131
S/T	Barry N. Semet	100 S.E. 2nd St., 17 Floor	Miami, Florida 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERGER, PAUL S
201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES FL 33134

Name

PAUL S. BERGER

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

100 S.E. 2nd Street,

Suite, Apt. #, Etc.

17th Floor

City
Miami

State
FL

Zip Code
33131

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

Paul S. Berger

REGISTERED AGENT MUST SIGN

Date 11/24/98

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:

Paul S. Berger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/24/98

305-789-9200
Daytime Phone #

FILED

98 DEC -1 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98

500002702475--6
-12/03/98--01090--025
*****758.00 *****758.00
500002702475--6
-12/03/98--01090--025
*****8.75 *****8.75

CR2E040 (05/98)