

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

98 DEC -7 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION
FOR
REINSTATEMENT**

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

DOCUMENT # P97000012079

1. Corporation Name
FLEEMAN & CO., INC.

Principal Place of Business 1825 S. MIAMI AVE. MIAMI FL 33129	Mailing Address 1825 S. MIAMI AVE. MIAMI FL 33129
---	---

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


2. New Principal Office Address, If Applicable 1110 BRICKELL AVENUE SUITE 605 MIAMI FL 33131	3. New Mailing Office Address, If Applicable 1110 BRICKELL AVENUE SUITE 605 MIAMI FL 33131
--	--

4. Date Incorporated or Qualified To Do Business in Florida 02/06/1997	5. FEI Number 65-0729781	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	FLEEMAN, JOHN B	1825 S. MIAMI AVE.	MIAMI FL 33129

8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33325	9. Name and Address of New Registered Agent Name JOHN B FLEEMAN Street Address (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVENUE SUITE 605 MIAMI FL 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  **SIGNATURE REQUIRED** Date **12/3/98**
REGISTERED AGENT MUST SIGN

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:  **SIGNATURE REQUIRED** Date **12/3/98** 305 374 2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/98)