

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000015684**

1. Corporation Name

5222 W. FLAGLER ST., INC.

Principal Place of Business

**6600 SW 85TH STREET
MIAMI FL 33143**

Mailing Address

**6600 SW 85TH STREET
MIAMI FL 33143**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/1997

5. FEI Number

65-0730958

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	4 City / State / Zip
PSD	CRISCUOLO, PAUL G	6600 SW 85TH STREET	MIAMI FL 33143

600009638396
12/23/02--01054--021 **750.00

8. Name and Address of Current Registered Agent

**CRISCUOLO, DONALD G
99 NE 167TH STREET
NORTH MIAMI BEACH FL 33162**

9. Name and Address of New Registered Agent

Name **PAUL CRISCUOLO**
Street Address (P.O. Box Number is Not Acceptable)
6600 SW 85 STREET
Suite, Apt. #, Etc.
RESIDENCE
City **MIAMI** State **FL** Zip Code **33143**

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. or 617.0505, F.S.

Signature of
Registered Agent

Paul Criscuolo
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **12-17-02**

11. 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 M. Criscuolo
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-17-02 305-662-1989

CR2ED40 (8/02)