

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUN -6 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000019703**

1. Corporation Name

CIKA PROPERTY MANAGEMENT, INC.

2. Principal Office Address

950 Hunting Lodge Drive

Suite, Apt. #, etc.

City & State

Miami Springs, FL

Zip

33166

Country

3. Mailing Office Address

950 Hunting Lodge Drive

Suite, Apt. #, etc.

City & State

Miami Springs, FL

Zip

33166

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

3/3/97

5. FEI Number

65-0737440

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kathleen Yates'

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

950 Hunting Lodge Drive

Suite, Apt. #, Etc.

City

Miami Springs,

State

FL

Zip Code

33166

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

ERROR key
Kathleen R. Yates
REGISTERED AGENT MUST SIGN

Date

5/26/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Kathleen Yates	950 Hunting Lodge Dr.	Miami Springs, FL 33166
VP	Cynthia Figueroa	960 Hunting Lodge DR.	Miami Springs, FL 33166

10. 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:

ERROR key
Kathleen R. Yates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN R. YATES

Date

5/26/00

Daytime Phone #

305

8361940