

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 17 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020664

1. Corporation Name

Fort Apache, Inc.

Principal Place of Business

3025 N.E. 188 Street

Aventura, Florida 33180

Mailing Address

REINSTATEMENT

98

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

3025 N.E. 188 Street

4. Date Incorporated or Qualified
To Do Business in Florida
03/06/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0739792

Applied For

Not Applicable

City & State

City & State

Aventura, Florida

Zip

Country

Zip

33180

Country

USA

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
P	Alfred Chouinard	3025 N.E. 188 Street	Aventura, Fl. 33180
S/T	Anna Volpe	3025 N.E. 188 Street	Aventura, Fl. 33180

600002720936--4
-12/23/98-01062-003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

Robert M. Hustead
70 N.W. 8 Street
Homestead, Fl. 33030

9. Name and Address of New Registered Agent

Name
Alfred Chouinard
Street Address (P.O. Box Number is Not Acceptable)
3025 N.E. 188 Street
Suite, Apt. #, Etc.

City
Aventura

State
FL

Zip Code
33180

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

Alfred Chouinard

REGISTERED AGENT MUST SIGN

Date 12-12-98

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:

Alfred Chouinard

Alfred Chouinard

12-12-98

Date

(305) 933-8853
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (1/98)