

APPLICATION
FOR
REINSTATEMENT



Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

1. Corporation Name

98 DEC 31 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

15014 SW 90 TERR.
MIAMI FL 33196



REINSTATEMENT

9800

03/07/1997

Suite, Apt. #, etc.

City & State

Country

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

City / State / Zip

70 MIAMI FL 33196 32047--5
-01/06/99--01060--016

MIAMI FL 33196 *****758.75 *****758.75

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11-16/98

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16 / 98
Date

305 278 8187
Daytime Phone #

CR2E040 (9/98)