

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000053572

1. Corporation Name **BAI. HARBOR CORP.**

6/17/97 PM 4:02

RECEIVED

Principal Place of Business
**268 E. FLAGLER ST.
MIAMI, FL. 33131**

Mailing Address
SAME

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/97

5. FEI Number
65-0765181

Applied For
Certificate of Status

6. CERTIFICATE OF STATUS DESIRE ☐

**\$6.75 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
PTD	MARTIN A. TEBELE	11810 NE 19th RD APT 15	N. MIAMI BCH, FL. 33181
V/D/S	ANDREA C. MACHABANSKI	11810 NE 19th RD APT 15	N. MIAMI BCH, FL. 33181

8. Name and Address of Current Registered Agent

**LEONARDO ROTH
9350 S. DIXIE HWY, PH2
MIAMI, FL. 33156**

9. Name and Address of New Registered Agent

Name
ALLAN DOYLE
Street Address (P.O. Box Number is Not Acceptable)
175 FONTAINEBLEAU BLVD
Suite, Apt. #, Etc.
SUITE 1-B
City
MIAMI

State
FL Zip Code
33172

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(5), F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **4-27-99**

11. This corporation owes 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 of the corporation or trustee empowered to execute this application as provided for in Chapter 607 of F.S. Such officer, director, trustee or other person executing this reinstatement application, the reason for dissolution has been dissolved. The corporation must attest to the payment of all taxes and fees due by the corporation have been paid and the names of individuals liable for any taxes reported quarterly for any corporation under Section 607.05(5), F.S. are true and accurate, and my signature shall have the same legal effect as if it is made under oath.

SIGNATURE: *[Signature]* **MARTIN TEBELE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/97