

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057547

1. Corporation Name

AMERIPARK CARRIAGE INN CORP.

Principal Place of Business

Mailing Address

701 BRICKELL AVE., STE. 1200
MIAMI FL 33131

701 BRICKELL AVE., STE. 1200
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

777 Brickell Ave

Suite, Apt. #, etc.
Suite 1070

City & State

Miami, FL

Zip

33131

Country

USA

3. New Mailing Office Address, If Applicable

777 Brickell Ave

Suite, Apt. #, etc.
Suite 1070

City & State

Miami, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1997

5. FEI Number

59-3482866

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	REICHMANN, ALBERT D	175 Bloor Street East, 701 BRICKELL AVE., STE. 1200 South Tower, Suite 603	MIAMI FL 33131 Toronto, Ontario, Canada
D	McMehen, J. Gordon	175 Bloor Street East, South Tower, Suite 603	M4W 3R8 Toronto, Ontario, Canada

8. Name and Address of Current Registered Agent

MONTELLO, LOUIS R
701 BRICKELL AVE., STE. 1200
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

Montello, Louis R.

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

777 Brickell Ave

Suite, Apt. #, Etc.

Suite 1070

City

Miami

State

FL

Zip Code

33131

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 of Louis R. Montello

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date November 19, 1998

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 of J. Gordon McMehen

J. Gordon McMehen, Director

Date

(416) 323-3773

Daytime Phone #

CR2E040 (9/98)