

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 # P97000057551

1. Corporation Name

AMERIPARK BAYWINDS 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

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

07/01/1997

5. FEI Number

65-0800541

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 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]*

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Gordon McMehen, Director

(416) 323-3773

Date

Daytime Phone #