

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000070059

1. Corporation Name

NASSA TWO, INC.

Mailing Address

Principal Place of Business

701 Brickell Ave, Suite 1200 701 Brickell Ave, Suite 1200
Miami, Florida 33131 Miami, Florida 33131

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

2. New Mailing Address, If Applicable

777 Brickell Avenue

Suite, Apt. #, etc.

Suite 1070

City & State

Miami, Florida

Zip

33131

Country

USA

3. New Principal Office Address, If Applicable

777 Brickell Avenue

Suite, Apt. #, etc.

Suite 1070

City & State

Miami, Florida

Zip

33131

Country

USA

REINSTATEMENT

98-99

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/97

5. FEI Number

65-0778019

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee 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	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/T/S	Alfredo Chedraui	777 Brickell Avenue, Ste. 1070	Miami, Florida 33131

100002993311--S
-09/22/99--01026--014
****300.00 ****300.00

8. Name and Address of Current Registered Agent

Louis R. Montello
701 Brickell Avenue, Suite 1200
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name Louis R. Montello

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

777 Brickell Avenue

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

Date 8/5/99

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/99

(305) 373-0300

Date

Daytime Phone #