

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP 10 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 97000075750**

1. Corporation Name

Freedom Tower Partner II, Inc

REINSTATEMENT 03-04

800040463738
08/24/04--01048--002 **300.00

2. Principal Office Address

800 Douglas Rd
Suite, Apt. #, etc.
12 Floor

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Same

Zip

33134 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/02/97

5. FEI Number

650799938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cristina Canales

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

800 Douglas Road

Suite, Apt. #, Etc.

12 Floor

City

Coral Gables

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date **8/23/04**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jorge Mas	800 Douglas Rd, 12th	Coral Gables, FL 33134

10. 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

Date

Daytime Phone #

CR2E081 (01/04)

2 of 2

FILED

Freedom Tower Partner I, Inc.
800 Douglas Road
12 Floor
Coral Gables, FL 33134

04 SEP 10 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 23, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Freedom Tower Partner I, Inc.

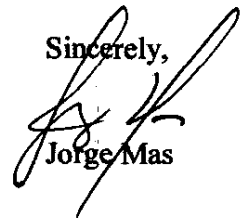
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Dear Sirs:

Enclosed herewith please find the Annual Report for the reinstatement of the above referenced corporation and a check in the amount of \$300. I am hereby requesting that the reinstatement fee of \$600 be waived, as we did not receive any notice because we have a new address.

Should you have any questions, please feel free to contact me at 305-406-1851.

Sincerely,



Jorge Mas