

APPLICATION
FOR
REINSTATEMENT



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATION

1. Corporation Name

Principal Place of Business

Mailing Address

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

Country
U.S.A.

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, D	Hernan, Blanco	13778 S.W. 157 Terr.	Miami, FL 33177
			800003277748--6 -05/06/00--01037--009 ****750.00 ****750.00
			800003277748--6 -05/06/00--01037--010 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

Thomas G. Sherman
218 Almeria Ave.
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name Alan R. Hecht

Street Address (P.O. Box Number is Not Acceptable)
2670 N.E. 215 Street
Suite, Apt. #, Etc.

City Miami

State FL	Zip Code 33180
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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

REGISTERED AGENT MUST SIGN

Date _____

5.18.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CB2E040 (1/98)