

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 6:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000093624

1. Corporation Name

APARTMENT HOUSEHOLD, INC.

Principal Place of Business

C/O YOLANDA M SUAREZ
201 S BISCAYNE AVE SUITE 2380 1200
MIAMI FL 33131

Mailing Address

C/O YOLANDA M SUAREZ
201 S BISCAYNE AVE SUITE 2380 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

Suite, Apt. #, etc.
201 So. Biscayne Blvd., Suite 1200
City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
201 So. Biscayne Blvd., Suite 1200
City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1997

5. FEI Number

65-0793621

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SUAREZ, YOLANDA M	201 S. BISCAYNE AVE. #2380 201 So. Biscayne Blvd., Suite 1200	MIAMI FL 33131
T/S	FAILING, HARRY	8323 S.W. FRWY. #455	HOUSTON TX 77056
D	STANFORD, R. ALLEN	5050 WESTHEIMER	HOUSTON TX 77056

000008707740

10/30/02--01104--026 **750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-12-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02 305-347-9140

Date

Daytime Phone #

CH2E040 (8/02)