

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000095919

1. Corporation Name

UPTOWN VIEW, INC.

99 JUL 29 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

~~310 1ST AVENUE~~

(NEW ADDRESS)

36 NE 1ST AV MIAMI FL 33132

REINSTATEMENT 08-99

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

926 NW 11TH AVE 926 NW 11TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PLANTATION FL

PLANTATION FL

33324

33324

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/97

5. FEI Number

65-0797237

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
PO	JOSEPH NAVON	926 NW 11TH AVE	PLANTATION FL 33324

9000002953269

-08/06/99--01090--015

****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSEPH NAVON

926 NW 11TH AVE

Suite, Apt. #, Etc.

PLANTATION

State

Zip Code

FL

33324

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

7/19/99

11. This corporation owes 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

JOSEPH NAVON, PRES.

Date

Daytime Phone

7/19/99 (954) 424-1411

CR2E081 (12/98)