

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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99-00 AR

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 27 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000002607

1. Corporation Name

DON QUIXOTE MANAGEMENT COMPANY

Principal Place of Business

701 Brickell Ave.
Suite 3130
Miami, FL 33131

Mailing Address

701 Brickell Ave.
Suite 3130
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

905 Brickell Bay Drive
Suite, Apt. #, etc.
Unit 230

City & State
Miami, Florida

Zip Country
33131 USA

3. New Mailing Office Address, If Applicable

905 Brickell Bay Drive
Suite, Apt. #, etc.
Unit 230

City & State
Miami, Florida

Zip Country
33131 USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/98

5. FEI Number

65-0804460

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	Manuel Martinez	905 Brickell Bay Dr. # 230	Miami, FL 33131

200003263142--4
-05/23/00--01045--007
*****300.00 *****300.00

LS

8. Name and Address of Current Registered Agent

Manuel Martinez
701 Brickell Ave.
Suite 3130
Miami, FL 33131

9. Name and Address of New Registered Agent

Name

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

905 Brickell Bay Dr.

Suite, Apt. #, Etc.

Unit 230

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

REGISTERED AGENT MUST SIGN

Date

11. 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.)

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 #

CR2E040 (1/2/96)