

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

04 JUN 24 PM 3:30

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

BILTMORE ASSOCIATES, INC.

P98000003135

REINSTATEMENT

2. Principal Office Address

711 BILTMORE WAY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

FLORIDA

Zip

33134

Country

U.S.A.

Zip

Country

500038233465
06/24/04--01023--001 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0808731

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

Cori LOPEZ-CASTRO

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

200 S. BISCAYNE BLVD. SUITE 2800

Suite, Apt. #, Etc.

2800

City

MIAMI

State

FL

Zip Code

33131

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] as Managing Agent

Date

6/21/04

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	PRESIDENT DUQUE	789 Crandon Blvd. SUITE - 301	Key BISCAYNE, FLA 33140
V.P.	VICE PRESIDENT CLAUDIA DUQUE	789 Crandon Blvd. SUITE 301	Key BISCAYNE, FLA 33140
Sec	Secy Treasurer ELVIA DUQUE	789 Crandon Blvd. SUITE 301	Key BISCAYNE, FLA 33140
M/A	MANAGING AGENT ONLY CORI LOPEZ-CASTRO	200 S. BISCAYNE BLVD. SUITE 2800	MIAMI, FL 33131

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] as Managing Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2081 (01/04)