

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000028703**

1. Corporation Name

**MIAMI CURTAIN WALL CONSULTANTS, CORP.**

Principal Place of Business

**368**  
**368 MINORCA AVE.**  
**CORAL GABLES FL 33134**

Mailing Address

**368**  
**368 MINORCA AVE.**  
**CORAL GABLES FL 33134**

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

2. New Principal Office Address, If Applicable

**368 Minorca Avenue**

Suite, Apt. #, etc.

**NA**

City & State

**Coral Gables**

Zip

**33134**

Country

**USA**

3. New Mailing Office Address, If Applicable

**368 Minorca Avenue**

Suite, Apt. #, etc.

**NA**

City & State

**Coral Gables**

Zip

**33134**

Country

**USA**

4. To Do Business in Florida

**03/27/1998**

5. FEI Number

**65-0828472**

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
Pres	Jeff Choopani	8520 Ardoch Road	Miami, FL 33156
VPres	John R Medina	730 Sevilla Avenue	Coral Gables, FL 33134
Treas	Jeff Choopani	8520 Ardoch Road	Miami, FL 33156
Secr	John R. Medina	730 Sevilla Avenue	Coral Gables, FL 33134

8. Name and Address of Current Registered Agent

**COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.**  
**101 MADEIRA AVE.**  
**CORAL GABLES FL 33134**

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**12/8/99**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

**11/11/99**

Date

Daytime Phone #

**305-447-9656**

FILED

99 DEC 10 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**510099 90194/014 \$150.00**

CR2040 (8/99)

Miami Curtain Wall  
Consultants, Corp.

368 Minorca Avenue, Coral Gables, FL 33134  
1 Telephone (305) 447-8686 Telecopier (305) 443-2618

November 11, 1999

TO: Katherine Harris  
Secretary of State  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Katherine:

We received this application for reinstatement several weeks ago. I called your office to investigate why we had received this form. Please waive any penalties and reinstatement fees for we had provided our annual report on time according to our files. We believe that we paid you a penalty that we would like waived as well. Please mail us a refund.

Enclosed is a copy of the original annual report we sent on 7/29/99. We also filled out your application for reinstatement in the event that you may need it.

Sincerely,



John R. Medina  
Vice President