

00/01/1998

1044

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -9 PM 3:13

DOCUMENT # P98000033562

1. Corporation Name

AKPEZ OF MIAMI, INC.
C/O JUAN A. FIGUEROA, P.A., C.P.A.
2701 S. Le Jeune Road, Suite#310
CORAL GABLES, FL 33134

2. Principal Office Address

17008 COLLINS AVE.

Suite, Apt. #, etc.

City & State

SUNNY ISLES, FL

Zip

33160

Country

MIAMI DADE

3. Mailing Office Address

2701 S LEJEUNE ROAD

Suite, Apt. #, etc.

SUITE #310

City & State

CORAL GABLES, FL

Zip

33134

Country

MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

4/13/98

5. FEI Number

65-0848338

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

LOUIS J. TERMINELLO, ESQ

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

2700 S.W. 37TH AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date

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
PSTD	VICTOR ZEPKA	17008 COLLINS AVE.	SUNNY ISLES, FL 33160
VP	JUAN A. FIGUEROA	2701 S. LE JEUNE ROAD, #310	CORAL GABLES, FL 33134

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-01 305534
6400

CR2E081 (9/00)

212014

March 17, 2001

TO Management

RE. Document # P98000033562

AKPEZ OF Miami, Inc.

REINSTATEMENT OF CORPORATION

LAST YEAR my Business WAS closed in March, April
due to A heart condition I WAS SUFFERING FROM.
I wrote a check in FEBRUARY 2000 TO YOU for one FIFTY
AND I ASSUMED EVERYTHING WAS OK. Apparently it
WASN'T. SINCE I WAS SICK AND NOT Really checking
THE MAIL, THE CHECK didn't GO THROUGH. I wrote it
in the middle of FEBRUARY AND IT WASN'T CASHED
UNTIL MARCH when I WAS SICK. I'VE HAD THE
WORST year AND NOW FOUND OUT THE EXPENSE
OF REINSTATEMENT. I HAVE TALKED TO ANDY THE
SUPERVISOR in Corp. REINSTATEMENT who TOLD me
TO SPEAK WITH PAT BRADY IN THE FISCAL
OFFICE.

They advised me to send in letter which I am doing. Andy said I should also send in the 150.00 for last year and the payment of 150.00 for this year which I am doing. If you please make an exception and waive the Reinstatement Fees because I did not intention write a bad check. The check was held and at that time I wasn't able to do anything due to illness. Anything you will do will be appreciated.

I'm sending my Reinstatement application along with 150 Fee for last year and for this year and another 150 for a total of 300.

If you have any questions or need to talk to me directly please call me

At 305-534-8400

Thank
VR Zylman

4054

AKPEZ OF MIAMI, INC.
DBA BOARDWALK
17008 COLLINS AVE.
SUNNY ISLES, FL 33160

CANCELLED
63-841

1250

DATE Feb. 16, 2000

63-841-7
670

PAY
TO THE
ORDER OF

Dept. of State
on Huber Fifty and 1/10

UNLESS OTHERWISE INDICATED
ITEM RETURNED 63-841-7 1250 1758 07-03-17-00

\$ 150.00

UNCOLLECTED FUND
PERSEMENT MISSING

UNION PLANTERS BANK
Downtown Miami Office
189 E. Flagler Street, 2nd Floor, Miami, FL 33131-1019
(305) 358-5551

SIGNATURE MISSING
SIGNATURE IRREGULAR
ACCOUNT CLOSED
OTHER

OUTLINE OF CHECK

DOLLARS

FOR

63-841

ITEM PRESENTED TWICE DO NOT REDEEM

[Signature]

AP

Hospitalized Mar/Apr/May with heart attack.

Check dated 2/15

OK Validation 3/15

OK