


APPLICATION  
FOR  
REINSTATEMENT



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

1. Corporation Name

Principal Place of Business

12305 SW 45TH ST.  
MIAMI FL 33171

Mailing Address

501 BRICKELL KEY DR.  
#504  
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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/05/1998

5. FEI Number

65-0834754


Applied For	
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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	4 City / State / Zip
D	BATISTA, ASHLEY	12305 SW 45TH ST.	MIAMI FL 33171
			<div data-bbox="1050 1287 1138 1329">  </div>
			<div data-bbox="862 1354 1265 1436"> <p>900004721369--0</p> <p>-12/12/01--01002--015</p> <p>***750.00 ***750.00</p> </div>

**8. Name and Address of Current Registered Agent**

9. Name and Address of New Registered Agent

ROBINSON, WESLEY M PA  
501 BRICKELL KEY DRIVE  
504  
MIAMI FL 33131

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code	
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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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Daytime Phone #