

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY 19 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000046249

1. Corporation Name

BRICKELL KEY CLASSICS, INC

Principal Place of Business

Mailing Address

1900 SUNSET HARBOUR DRIVE
UNIT #202
MIAMI BEACH, FLORIDA 33139

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

1800 SUNSET HARBOUR DR

1800 SUNSET HARBOUR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

5/22/98

5. FEI Number

65-0911408

Applied For

Not Applicable

City & State

City & State

MIAMI BEACH, FLA

MIAMI BEACH, FLA

Zip

Country

Zip

Country

33139

USA

33139

USA

CERTIFICATE OF STATUS DESIREL

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
<u>P</u>	<u>Guillermo Moché</u>	<u>1800 SUNSET HARBOUR DR</u> <u>#2102</u>	<u>MIAMI BEACH, FLA</u> <u>33139</u>
			<u>300003312413--9</u> <u>-07/05/00--01010--017</u> <u>****150.00 ****150.00</u>
			<u>300003312413--9</u> <u>-07/05/00--01010--018</u> <u>****750.00 ****750.00</u>
			<u>ILS</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GEORGE BEFFLER
100 SE 2ND STREET
SUITE 3700
MIAMI, FL 33131

Name

LOURDES ALATRISTE

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

255 ALHAMBRA CIRCLE #302

Suite, Apt. #, Etc.

300

City

CORAL GABLES

State

FL

Zip Code

33134

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

Guillermo Moché

REGISTERED AGENT MUST SIGN

Date

2/9/2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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

Guillermo Moché, President 2/9/2000 305-622-3309

Date

Daytime Phone #

CR2E081 (12-98)