

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB 13 AM 8:40
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058689

1. Corporation Name

BISCAYNE STATION, INC.

REINSTATEMENT 03-06

7 FEB 17 2006

2. Principal Office Address

12305 S. DIXIE Hgwy

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33156

Country

3. Mailing Office Address

12305 S. DIXIE Hgwy

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33156

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/98

5. FEI Number

65-0879431

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

LENARD GORMAN

600066370076

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

1320 S. DIXIE Hgwy, PH # 1275

02/22/06--01020--001 **128.75

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33146

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

Date

2/2/06

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
<u>P.S.T.</u>	<u>CARLOS FONTECILLA</u>	<u>12305 S. DIXIE Hgwy</u>	<u>MIAMI FL 33156</u>

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 contained in Chapter 119, 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

1/30/06

Daytime Phone #