

• • • • •

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 21 AM 9:37

ALVIN B. DAVIS, P.A.

Mailing Address

200 S BISCAYNE BLVD
41ST FLOOR
MIAMI FL 33131-2398

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

09/04/1998

5. FEI Number

65-0870698

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
----------	-----------------------------------	------------------------------------------------	--------------------

1	2	3	4
D	DAVIS, ALVIN B	200 S BISCAYNE BLVD 41ST FLOOR	MIAMI FL 33131

20000303222--4
11/02/99--01051--008
****750.00 ****750.00

8. Name and Address of Current Registered Agent

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:

REGISTERED AGENT MUST SIGN

Date 10.19.97

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

ALVIN B. DAVIS, President

10. 19-99

Date _____

208 577 2835

Daytime Phone #

[illegible]