

APPLICATION
FOR
REINSTATEMENT



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Principal Place of Business

Mailing Address

7171 CORAL WAY
SUITE 210
MIAMI FL 33155

7171 CORAL WAY
SUITE 210
MIAMI FL 33156

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 & State

City & State

Zip 33155

Country
USA

Zip **33/55**

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

11/30/1998

5. FEI Number

65-0878376

☒ Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Sales.

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
PD	PEREZ, GISELLE	6840 SW 52ND STREET	MIAMI FL 33155
PD	TINA L. ROSARIO	9421 Fontainebleau AVE #114	Miami, FL 33172
			900003038789--9
			-11/08/93 01127 020
			***750.00 ***750.00

B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEREZ, GISELLE 6640 SW 52ND STREET MIAMI FL 33155	Name <u>TINA L. ROSARIO</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>9421 FONTAINEBLEAU BLVD # 114</u>	
	Suite, Apt. #, Etc.	
	City <u>Miami</u>	State <u>FL</u> Zip Code <u>33172</u>

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 W. J. Jones **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10/23/99

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 807 or 817, 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 807.0401 or 817.0401, 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 # _____

KE