

SEP. -30' 99 (THU) 11:40

CSC TALL

P. 002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 OCT -1 PM 3: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103790

1. Corporation Name

HARLEY INVESTMENTS INC.

Principal Place of Business

Mailing Address

 c/o 1401 Ponce de Leon Blvd.
 Suite 401
 Coral Gables FL 33134

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

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/98

SP

5. FEI Number

☐ Applied For
☒ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Arturo Alvarez	c/o 1401 Ponce de Leon Blvd Suite 401 CORAL GABLES FL 33134	CORAL GABLES FL 33134
D	Gilbert Contreras	" "	" "
			000003006630--2 -10/06/99--01003--023 *****750.00 *****750.00
			000003006630--2 -10/06/99--01003--024 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

 Gilbert A. Contreras, Esq.
 1401 PONCE DE LEON BLVD.
 SUITE 401
 Coral Gables FL 33134

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/30/99

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)(b), 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

9/30/99 (305) 442-1942

Date

Daytime Phone