


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P99000043212

1. Corporation Name

C.B. PROPERTIES, INC.

Principal Place of Business

Mailing Address

~~640 N.W. 183RD ST.~~  
MIAMI GARDENS FL 33169

~~640 N.W. 183RD ST.~~  
MIAMI GARDENS FL 33169

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

2. New Principal Office Address, If Applicable

2027 NW 182 AVE

3. New Mailing Office Address, If Applicable

2027 NW 182 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
P. P. INES FL

City & State  
P. P. INES FL

Zip  
33029

Country  
USA

Zip  
33029

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/12/1999

5. FEI Number

65-0937365

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BARRAU, CARMEL J	<del>640 N.W. 183RD ST.</del> 2027 NW 182 AVE.	MIAMI GARDENS FL 33169 P. P. INES FL 33029 300004716913--8 -12/10/01--01089--019 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BARRAU, CARMEL J  
640 N.W. 183RD ST.  
MIAMI GARDENS FL 33169

9. Name and Address of New Registered Agent

Name  
BARRAU CARMEL J.  
Street Address (P.O. Box Number is Not Acceptable)  
2027 NW 182 AVE  
Suite, Apt. #, Etc.  
City  
P. P. INES  
State  
FL  
Zip Code  
33029

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 11/19/01

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

Date

Daytime Phone #

11/19/01 (305) 787-5952