

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 4:41

DOCUMENT # **P99000054535**

1 Corporation Name

SPRING TERRACE CORPORATION

Principal Place of Business

Mailing Address

11900 BISCAYNE BLVD. SUITE 807
MIAMI FL 33181

11900 BISCAYNE BLVD. SUITE 807
MIAMI FL 33181

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1091388

Not Applicable

Zip

Country

Zip

Country

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
Off	Allan Glaser	11900 Bisc Blvd.	Mi FL 33181

700004212637-8
-05/11/01-01/18-024
*****900.00 *****900.00

5/5

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLASER, ALLAN
11900 BISCAYNE BLVD, SUITE 807
MIAMI FL 33181

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

Allan Glaser REGISTERED AGENT REQUIRED

Date

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Allan Glaser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
Date

305-893-5999
Daytime Phone #

CR2040 (8/00)