

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

03 MAY -8 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000064141

1. Corporation Name

Biarritz Apt Corporation

REINSTATEMENT 01-03

2. Principal Office Address

9882 E Bay Harbor Dr. P.O. Box 546272

3. Mailing Office Address

P.O. Box 546272

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

Surfside

City & State

Bay Harbor Island

City & State

Florida

Zip

33154

Country

US

Zip

33154

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1999

5. FEI Number

65-0938361

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lynnette Huber

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

9882 E Bay Harbor Dr. E 10

Suite, Apt. #, Etc.

#2

City

Bay Harbor Island

State

FL

Zip Code

33154

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/6/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Karl Huber	9882 E Bay Harbor Dr. #2	Bay Harbor Island FL 33154
Vicepres.	Lynnette Huber	9882 E Bay Harbor Dr. #2	Bay Harbor Island FL 33154

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNNETTE HUBER - VICEPRES. 5/6/03

Date

Daytime Phone #

(786-252-9253)

CRZE081 (10/02)