

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 DEC 11 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000098261

1. Corporation Name

76TH STREET CORPORATION OF DADE COUNTY, INC.

Principal Place of Business

Mailing Address

1401 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

1401 PONCE DE LEON BLVD.  
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

255 Alhambra Circle

255 Alhambra Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 425

Suite 425

City & State

City & State

Coral Gables FL

Coral Gables FL

Zip

Zip

33134

33134

4. Date Incorporated or Qualified  
To Do Business in Florida

11/08/1999

5. FEI Number

650960149

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PRENDES, GEORGE L	1401 PONCE DE LEON BLVD.	CORAL GABLES FL 33134
D	HECTOR, NANCY	1401 PONCE DE LEON BLVD.	CORAL GABLES FL 33134
		255 Alhambra Circle	
		Suite 425	900003529099--9
		Coral Gables FL 33134	311/03/2011-01/22-005
			****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CONTRERAS, GILBERT-ESQ

1401 PONCE DE LEON BLVD.

CORAL GABLES FL 33134

255 Alhambra Circle  
Suite 425  
Coral Gables FL 33134

Name

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

255 Alhambra Circle

Suite, Apt. #, Etc.

Suite 425

City

Coral Gables

State

Zip Code

FL

33134

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-5-00

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.

George Prendes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-5-00

Daytime Phone #

305-842-4811