

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03

DOCUMENT # P99000107960

1. Corporation Name

WHITNEY 19 PROPERTIES, INC.

Principal Place of Business

Mailing Address

300 CASUARINA CONCOURSE  
CORAL GABLES FL 33134

300 CASUARINA CONCOURSE  
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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/1999

5. FEI Number

65-0970817

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
1	2	3	4
D	NOORDHOEK, HAROLD	300 CASUARINA CONCOURSE	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COBER CORPORATE AGENTS, INC.  
2601 SOUTH BAYSHORE DRIVE 19TH FLOOR  
MIAMI FL 33133

Name Gregg Noordhoek  
Street Address (P.O. Box Number is Not Acceptable)  
3901 NW 29 Ave  
Suite, Apt. #, Etc.

City Miami State FL Zip Code 33142

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. or 617.0505, F.S.

Cober  
Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/22/03

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.

#N  
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/03 305-635-6775

CR2E040 (7/03)