

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 to the Honorable  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **S14844**

1. Corporation Name

**EMBASSY SQUARE, INC.**

Principal Place of Business

**7990 SW 117TH AVE.  
 MIAMI FL 33183  
 US**

Mailing Address

**7990 SW 117TH AVE.  
 MIAMI FL 33183**

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

2. New Principal Office Address, If Applicable

**7990 SW 117 Ave**

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**7990 SW 117 Ave**

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**11/26/1990**

5. FEI Number

**65-0228175**

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
PD	GROSSMAN, PHYLLIS	7990 SW 117 AVE	MIAMI FL 33183
DVPS	CASTRO, ANTONIO J	7990 SW 117 AVE	MIAMI FL 33183
VPT	MIZELS, LORI	7990 SW 117 AVE	MIAMI FL 33183
VP	GROSSMAN, WILLIAM	7990 SW 117 AVE	MIAMI FL 33183
VP	GETELMAN, KAREN	5298 LINDLEY AVENUE	ENCINO CA 91316
			800003038578--7 -11708799--01123--002 ***150.00 ****Sp.00

8. Name and Address of Current Registered Agent

**CASTRO, ANTONIO J  
 7990 S.W. 117TH AVE  
 MIAMI FL 33183**

9. Name and Address of New Registered Agent

Name  
**LORI MIZEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7990 SW 117 Ave**  
 Suite, Apt. #, Etc.

City  
**Miami**

State  
**FL**

Zip Code  
**33193**

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

*Lori Mizel*

REGISTERED AGENT MUST SIGN

Date **10/20/99**

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:

*Lori Mizel* **LORI MIZELS**

**10/20/99 (305) 936-1339**

Date

Daytime Phone #

To Whom It May Concern:

Please waive the reinstatement fee of \$600,  
as the annual report was never received.  
As noted on the Application for Reinstatement,  
the address in Box #1 is incorrect, and  
therefore, the document was never received. It is  
apparent that your office did not type in the "7" for 117 Ave.  
If you should need any further information,  
please contact LORI Mizels, Registered Agent, at  
(305) 274-1174.

Thank you very much,  
Lori Mizels