

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 14 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

S32331

1. Corporation Name

PLAZA 87 OF SOUTH FLORIDA, INC.

200010080182
01/14/03--01062--009 **1800.00

2. Principal Office Address

890 SW 87 AVE.

3. Mailing Office Address

890 SW 87 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33174

Country

USA

Zip

33174

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/91

5. FEI Number

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

Victor Gonzalez

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

890 SW 87 Ave

Suite, Apt. #, Etc.

City

Miami, FL

State
FL

Zip Code

33174

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

REGISTERED AGENT MUST SIGN

Date

01/10/03

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
PS	Victor Gonzalez	890 SW 87 AVE	Miami, FL 33174
T	ANA MARIA Gonzalez	890 SW 87 AVE	Miami, FL 33174

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/03
Date

786-546-5300
Daytime Phone #

CR2E081 (9/01)