

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 546935

Corporation Name
518 41ST STREET, INC.

FILED
98 APR 29 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business <u>4770 Biscayne Blvd.</u> <u>Suite 1400</u> <u>Miami, Fla. 33137</u>	Mailing Address <u>4770 Biscayne Blvd.</u> <u>Suite 1400</u> <u>Miami, Fla. 33137</u>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. 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

REINSTATEMENT 93-98

4. Date incorporated or Qualified To Do Business in Florida <u>April 19th, 1991</u>	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	<u>Merrill I. Lamb</u>	<u>4770 Biscayne Blvd.</u> <u>Suite 1400</u>	<u>Miami, Florida 33137</u>
V.P.	<u>Michael P. Corzoli</u>	<u>4770 Biscayne Blvd.</u> <u>Suite 1400</u>	<u>Miami, Fla. 33137</u>
			<u>4/5/1/98</u>
			<u>500002513865</u>
			<u>-05/06/98--01096--016</u>
			<u>***1500.75 ***1500.75</u>

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
<u>Merrill I. Lamb</u> <u>4770 Biscayne Blvd.</u> <u>Suite 1400</u> <u>Miami, FLA. 33137</u>	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <u>FL</u> Zip Code

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 Merrill I. Lamb Date 4/27/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Merrill I. Lamb, Pres. Date 4/27/98 Daytime Phone # 305) 576-1922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR