

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **8 51804**

1. Corporation Name

FLORIDA CONTRAINVEST, INC.

Principal Place of Business

Mailing Address

**161 Madeira Avenue Suite # 65
Coral Gables, Fla.
33134**

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

2. New Principal Office Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

99 NOV 17 AM 11:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT 94-99

4. Date Incorporated or Qualified To Do Business in Florida

05/08/1991

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SE 750 Additional Fee to correct
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	RICARDO LONDONO	2644 S.W. 34 ct	MIAMI, FLA. 33133
V/D	ELVIA CHICA DE CARDONA	2644 S.W. 34 ct	MIAMI, FLA. 33133
S/D	JACKELINE LONDONO	2644 S.W. 34 ct.	MIAMI, FLA 33133
T/D	ARCESIO CARDONA	2644 S.W. 34 ct.	MIAMI, FLA 33133
100003060811--0 -12/03/99--01098--034 ***1500.00 **1500.00			

8. Name and Address of Current Registered Agent

**JACKELINE LONDONO
2644 S.W. 34 ct.
MIAMI, FLA 33133**

9. Name and Address of New Registered Agent

Name **SAME**
Street Address (P.O. Box Number is Not Acceptable) **SAME**
Suite, Apt. #, Etc. **SAME**
City **SAME** State **FL** 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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **11-16-99**

11. This corporation owes 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICARDO LONDONO P/D

305-345-3739
Date Daytime Phone #

CR2001 (12/99)