JUL-01-1999 16:10 EMPIRE CORPORATE KIT P.05/05

APPLICATION FOR REINSTATEMENT

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

FILED
99 JUL -8 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S66231

1. Corporation Name
INVERCOL REAL ESTATE, INC.

Principal Place of Business	Mailing Address
6095 N.W. 72nd Avenue Miami, FL 33166	6095 N.W. 72nd Ave. Miami, FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida
7/10/91

5. FEI Number
65-0336977
Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
D	OLGUIN, CARLOS	6095 N.W. 72nd Avenue	Miami, FL 33166
VP	OLGUIN, MANUEL	6095 N.W. 72nd Avenue	Miami, FL 33166

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-07/13/99--01072--003
****900.00 ****900.00

REINSTATEMENT 98-99 IS

8. Name and Address of Current Registered Agent
DEARR, CRAIG R.
6950 N. Kendall Drive
Miami, FL 33156

Name and Address of New Registered Agent
Name
DEARR, CRAIG R.
Street Address (P.O. Box Number is Not Acceptable)
9130 S. Dadeland Blvd.,
Suite, Apt. # Etc.
Suite 1609
City
Miami
State / Zip Code
FL / 33156

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 _____ Date 7/7/99
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ Manuel Olguin V.P. 7/6/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.05