

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 11 PM 4:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S68438**

1. Corporation Name

Unit 911 Champlain, Inc.

2. Principal Office Address

8777 Collins Avenue

Suite, Apt. #, etc.
911

City & State

Surfside, Florida

Zip

33154

Country

Miami Dade

3. Mailing Office Address

Republic International Bank of NY

Suite, Apt. #, etc.

2 S. Biscayne Blvd., 30th fl.

City & State

Miami, Florida

Zip

33131

Country

Miami-Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/25/91

5. FEI Number

65-0363654

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

Robert I. Finvarb, Esq.

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

9425 Harding Avenue

Suite, Apt. #, Etc.

City

Surfside

State

FL

Zip Code

33154

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **1-9-02**

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
PD	Jacobo Haime	8777 Collins Avenue, #911	Surfside, Florida 33154
VST	Betty Haime	8777 Collins Avenue, #911	Surfside, Florida 33154
D	Betty Haime	8777 Collins Avenue, #911	Surfside, Florida 33154

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02

Date

(305) 864-0485

Daytime Phone #

CR2E081 (9/01)