

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. \$1410.00

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # SB4274

1. Corporation Name

EILAT DEVELOPMENT COMPANY

Principal Place of Business
520 Brickell Key Drive
Suite 0-305
Miami, Florida 33131

Mailing Address
520 Brickell Key Drive
Suite 0-305
Miami, Florida 33131

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

2. 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

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0333465

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 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
Pres. Dir.	Eduardo Neuman	520 Brickell Key Dr. #0-305	Miami, FL 33131
Sec.	Stephen A. Freeman	520 Brickell Key Drive, Suite 0-305	Miami, FL 33131
			300002252433-1 -07/30/97--01052--015 ***1410.00 ***1410.00

8. Name and Address of Current Registered Agent

Richard S. Lehman
2600 N. Military Trail, #270
Boca Raton, FL 33431

9. Name and Address of New Registered Agent

Name
Stephen A. Freeman, Esq.
Street Address (P.O. Box Number is Not Acceptable)
520 Brickell Key Dr. #0-305
Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33131

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

REGISTERED AGENT MUST SIGN

Date 7-22-97

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.)

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 AND TYPED NAME OF OFFICER OR DIRECTOR

7-22-97 (305)374-3800
Date Daytime Phone #

CR20040 (12/96)