

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S93356**

1. Corporation Name

306 LANDMARK, INC.

97 FEB 28 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**20185 E COUNTRY CLUB DR #306
NORTH MIAMI BEACH FL 33180**

Mailing Address

**20185 E COUNTRY CLUB DR #306
NORTH MIAMI BEACH FL 33180**

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
2 South Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
30th Floor

City & State

City & State
Miami, FL

Zip

Country

Zip
33131

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1991

5. FEI Number

65-0346672

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
DP	HODARA, NELSON	20185 E COUNTRY CLUB DR	N MIAMI BEACH FL
DV	HODARA, ESTELLA	20185 E COUNTRY CLUB DR	N MIAMI BEACH FL
ST	HODARA, ESTELLA	20185 E COUNTRY CLUB DR	N MIAMI BEACH FL
D	HODARA, HELIO	20185 E COUNTRY CLUB DR	N MIAMI BEACH FL

900002102789--2
-03/03/97--01120--002
****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FELDMAN, DAVID
407 LINCOLN RD PH NE
MIAMI BEACH FL 33139**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 **2/24/97**

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 ☒

Corporation only holds title
to an Apartment unit where
(See other side for information
on intangible tax owner lives.

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson Hodara

Date

Daytime Phone #

1/1/97

3055394766