

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CLERK OF STATE  
DIVISION OF CORPORATION

04 JUN 10 PM 3:46

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S94022**

**1. Corporation Name**

NORTH YORK FLORIDA, INC.

c/o 999 PONCE DE LEON BLVD

**REINSTATEMENT 03-04**

**2. Principal Office Address**

c/o 999 PONCE DE LEON BLVD

**3. Mailing Office Address**

Suite, Apt. #, etc.

SUITE 1100

Suite, Apt. #, etc.

SUITE 1100

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

MIAMI DADE

Zip

33134

Country

MIAMI DADE

200037849702  
06/10/04--01077--008 \*\*1155.00

**4. Date Incorporated or Qualified  
To Do Business in Florida 11/14/1991**

**5. FEI Number  
65-0296041**

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 RABIN

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

7700 NORTH KENDALL DRIVE

Suite, Apt. #, Etc.

SUITE 509

City

MIAMI

State  
**FL**

Zip Code  
33156

**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

REGISTERED AGENT MUST SIGN

Date

6/3/04

**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
PSVP	RESTREPO, BEATRIZ	999 PONCE DE LEON BLVD #1100	CORAL GABLES, FL 33134

**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:**

*Beatriz Restrepo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-01-04

Daytime Phone #

CR2E081 (01/04)