

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
96 DEC 20 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V19462

1. Corporation Name

NORTHLAND COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

4045 N.W. 97 Avenue
Miami, FL 33172

4045 N.W. 97 Avenue
Miami, FL 33172

REINSTATEMENT 1995
mwb 1996

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

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0315962

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for Certificate of Status

Zip

Country

Zip

Country

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PT	Patricio Northland	4045 N.W. 97 Avenue	Miami, Florida 33172
VS	Marco Northland	4045 N.W. 97 Avenue	Miami, Florida 33172
			mwb

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Patricio Northland
4045 N.W. 97 Avenue
Miami, Florida 33172

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

12/19/96

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 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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. Patricio Northland, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/96

Date

Daytime Phone #

(805) 377-7795

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

RECEIVED



96 DEC 20 AM 10:39

ACCOUNT NO. : 072100000032
DIVISION OF CORPORATION

REFERENCE : 196658 4303929

AUTHORIZATION :

COST LIMIT : \$883.75

ORDER DATE : December 20, 1996

ORDER TIME : 9:49 AM

300002034773--5

ORDER NO. : 196658-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Sheryl C. Vainstein
Greenberg Taurig Hoffman
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: NORTHLAND COMMUNICATIONS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY (2)
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS

mwb