

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 24 AM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 23582

1. Corporation Name

NEWPORT PROPERTIES 1, Inc.

2. Principal Office Address

3. Mailing Office Address

Three Grove Isle DRIVE
Suite, Apt. #, etc.

Three Grove Isle Drive
Suite, Apt. #, etc.

REINSTATEMENT

01-02

C-507

C-507

4. Date Incorporated or Qualified
To Do Business in Florida

3/25/92

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

5. FEI Number

65-0328827

Applied For

Not Applicable

Zip Country

Zip Country

33133

U.S.A.

33133

U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH BARZEL

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

THREE GROVE ISLE DRIVE

Suite, Apt. #, Etc.

C-507

City

MIAMI

State

FL

Zip Code

33133

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

JOSEPH BARZEL

Date

1/18/2002

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
P/D	JOSEPH BARZEL	Three Grove Isle Dr. # C-507	MIAMI, FLORIDA 33133

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH BARZEL

Date

1/18/2002

Daytime Phone #

(954) 925-7795