

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 16 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V40661

1. Corporation Name

Warner Place

REINSTATEMENT 1998-2009

400160735004

09/16/09--01044--001 **150.00

09/11/09 01035 015 \$1,650.00

2. Principal Office Address - No P.O. Box #
111 SW 5th Ave

3. Mailing Office Address
118 SW South River Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33130

Country
Miami Dade

Zip
33130

Country
Miami Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0337933

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jane Caporelli

Street Address (P.O. Box Number is Not Acceptable)
118 SW South River Dr.

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33130

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Jane Caporelli
REGISTERED AGENT MUST SIGN

Date 9/15/09

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
D	Sallye G. Jude	200 Edgewater Dr.	Coral Gables, FL 33133
D	James R. Jude	200 Edgewater Dr.	Coral Gables, FL 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 contained in Chapter 119, 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:

Sallye G. Jude
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/09 305667-3233
Date Daytime Phone #