

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # L87048

1. Corporation Name

850 Ocean Drive, Inc.

Principal Place of Business

Mailing Address

**850 Ocean Drive
Miami Beach, Florida 33139**

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

4. Date Incorporated or Qualified
To Do Business in Florida

July 12, 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0232169

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Franco Godina	850 Ocean Drive	Miami Beach, Florida 33139
D/VP/S	Massimo Barracca	850 Ocean Drive	Miami Beach, Florida 33139

5000002383995-9
-12/23/97-01003-010
*****8.75 *****8.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Nicholas M. Daniels, Esquire
c/o Therrel Baisden & Meyer Weiss
1111 Lincoln Road Mall, Suite 500
Miami Beach, FL 33139**

Name
Jonathan Feuerman, Esquire

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

c/o Therrel Baisden, P.A.

Suite, Apt. #, Etc.

One Southeast 3rd Ave, Suite 2400

City

Miami

State

FL

Zip Code

33131

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

12/17/97

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 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 of 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 19.07(3)(b), 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

FRANCO GODINA - PRESIDENT

Date

12-17-97

Daytime Phone #

305 5320707

CEP/SM 1/2/98