

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT
2014-2015



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 534806

1. Corporation Name
 114 BISCAYNE INC

| | | | |
|--|-----------------------|--|-----------------------|
| 2. Principal Office Address - No P.O. Box # 11098 BISCAYNE BLVD | | 3. Mailing Office Address 11098 BISCAYNE BLVD | |
| Suite, Apt. #, etc. 301 | | Suite, Apt. #, etc. 301 | |
| City & State MIAMI, FL | | City & State MIAMI, FL | |
| Zip 33161 | Country MIAMI-DADE | Zip 33161 | Country MIAMI-DADE |

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

| | |
|----------------------------|-------------------------------|
| 5. FEI Number 592829654 | 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
 C & B FINANCIAL SERVICES CORP

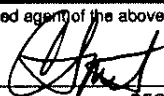
Street Address (P.O. Box Number is Not Acceptable)
 7951 RIVERIA BLVD

Suite, Apt. #, Etc.
 303

| | | |
|-----------------|-------------|-------------------|
| City MIRAMAR | State FL | Zip Code 33023 |
|-----------------|-------------|-------------------|

700269372467
 02/10/15--01035--002 **935.00

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  Date 01/26/2015

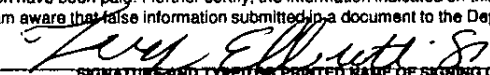
REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|--------------------|
| PSTD | TERRY ELLIOTT SR | 11098 BISCAYNE BLVD # 301 | MIAMI, FL 33161 |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: 114BISCAYNEINC@GMAIL.COM
 (To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2015 786-277-2693
 Date Daytime Phone #

K. ASHTON