

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 23 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900111196429
10/23/07--01021--019 **358.75

REINSTATEMENT 05-07

DOCUMENT # 707943

1. Corporation Name

1231 PENN, INC

2. Principal Office Address - No P.O. Box #

1231 PENNSYLVANIA AVE.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip
33139

Country
USA

3. Mailing Office Address

1231 PENN, INC
C/O JESUS PRADO

Suite, Apt. #, etc. 520 EUCLID AVE
APT. 1

City & State

MIAMI BEACH, FL

Zip
33139

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1964

5. FEI Number

591710753

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

JESUS PRADO

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

520 EUCLID AVE

Suite, Apt. #, Etc.

APT 1

City

MIAMI BEACH

State

FL

Zip Code

33139

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

Jesus Prado

REGISTERED AGENT MUST SIGN

Date 10-17-2007

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	GERALD DODD DENTON	4834 BLAGDEN AVE NW	WASHINGTON, DC 20011
T	DANIEL JERUSALMI	1231 PENNSYLVANIA AVE, #5	MIAMI BEACH, FL 33139
VP	JESUS PRADO	520 EUCLID AVE, # 1	MIAMI BEACH, FL 33139

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:

Jesus Prado

JESUS PRADO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-2007

Date

(305) 674-62 92
786-499-98 57

Daytime Phone #