

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1409288**

1. Corporation Name

709 Crickett, Inc

W-10169

2. Principal Office Address

19495 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 609

City & State

Aventura, Fl.

Zip

33180

Country

Dade

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

88-00

4. Date Incorporated or Qualified To Do Business in Florida **12/28/1987**

5. FEL Number 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

Jay D. Schwartz

300003219468-2

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

19495 Biscayne Blvd. #609

~~04/24/00-01017-021~~

~~***2203.75 ***2203.75~~

Suite, Apt. #, Etc.

#609

City

Aventura

State

FL

Zip Code

33180

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **April 4, 2000**

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 |
|-------------------------------------|-----------------------------------|--|-----------------------------------|
| Dir. Pres. | Maruja Beracasa | 1800 N.E. 114 St. #709 | North Miami, Fl. 33131 |
| Sec. | Jay D. Schwartz | 19495 Biscayne Blvd. #609 | Aventura, Fl. 33180 |
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LS

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]
MARUJA BERACASA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2000

Date

305-932-7141

Daytime Phone #

CR2E081 (9/99)