

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 SEP 12 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO2000124769**

1. Corporation Name

25th AVE., Inc.

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

2510 W, 78 ST.

Suite, Apt. #, etc.

Bay # 1

City & State

Hiialeah FL

Zip

33016

Country

Dade

3. Mailing Office Address

218 SE, 9 CT.

Suite, Apt. #, etc.

City & State

Hiialeah FL

Zip

33010

Country

Dade

7. Name and Address of Current Registered Agent

Name

Leyden Escobar

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

218 SE, 9 CT

Suite, Apt. #, Etc.

City

Hiialeah

State

FL

Zip Code

33010

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]

Date

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
Pd.	Leyden Escobar	218 SE, 9 CT	Hiialeah, FL, 33010

700109722587
09/20/07--01068--002 **450.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **11/22/2002**

5. FEI Number

26-0866117

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$575 Additional Fee Required for a Certificate of Status

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.

209/12