

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 NOV -5 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 006000099793

1. Corporation Name

MIZRACHI 770, INC.

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

4125 NW 88TH AVE

Suite, Apt. #, etc.

202

City & State

CORAL SPRINGS FL

Zip

33065

Country

U.S.A

3. Mailing Office Address

4125 NW 88TH AVE

Suite, Apt. #, etc.

202

City & State

CORAL SPRINGS FL

Zip

33065

Country

U.S.A

REINSTATEMENT 08-09
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

JULY 27 / 2006

5. FEI Number

20-5278796

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

CHAIM YAAKOV MIZRACHI

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

4125 NW 88TH AVE

Suite, Apt. #, Etc.

202

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

CHAIM Y. MIZRACHI

REGISTERED AGENT MUST SIGN

Date NOV 12 / 2009

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
<u>PRE-S</u>	<u>CHAIM YAAKOV MIZRACHI</u>	<u>4125 NW 88TH AVE #202</u>	<u>CORAL SPRINGS FL, 33065, U.S.A</u>

11/15/09 152548418
11/15/09-01044-012 **300.00

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:

CHAIM Y. MIZRACHI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 12 / 2009

Date

561 306 9988

Daytime Phone #

11/6/09