

# APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 22 AM 9:53

DOCUMENT # P95000045580

1. Corporation Name

2800 REGATTA CORP.

Principal Place of Business

Mailing Address

9130 S. DADELAND BLVD.  
MIAMI FL 33156

2800 REGATTA AVE  
SUNSET ISLAND #1  
M BEACH FL 33140



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/13/1995

5. FEI Number

650849881

Applied For

APPLIED FOR

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	MARKEVITZ, SARA	2800 REGATTA AVE	M BEACH FL 33140
VP/D	ESKENAZI, JEANNETTE M	2800 REGATTA AVE	M BEACH FL 33140
D	LEWIS, NEAL R	9130 S. DADELAND BLVD.	MIAMI FL 33156

8. Name and Address of Current Registered Agent

LEWIS, NEAL R ESQ  
9130 S. DADELAND BLVD.  
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name  
SARA MARKEVITZ  
Street Address (P.O. Box Number is Not Acceptable)  
2800 REGATTA AVENUE  
Suite, Apt. #, Etc.  
MIAMI  
City  
MIAMI BEACH  
State  
FL  
Zip Code  
33140

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-23-2000

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., 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-2000 (305) 532-0000  
Date Daytime Phone #