

P95000012194

2/13/95

FLORIDA DIVISION OF CORPORATIONS
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((H95000001772))) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: ACE INDUSTRIES, INC.
DEPARTMENT OF STATE 54 NW 11TH ST
STATE OF FLORIDA
409 EAST GAINES STREET MIAMI FL 33136-28902-
TALLAHASSEE, FL 32399 CONTACT: LYNN FRIEDMAN
FAX: (904) 922-4000 PHONE: (305) 358-2571
FAX: (305) 358-7832

((H95000001772))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: 4041 OPERATING CORP.
FAX AUDIT NUMBER: H95000001772 CURRENT STATUS: REQUESTED
DATE REQUESTED: 02/13/1995 TIME REQUESTED: 15:14:21
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
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TALLAHASSEE, FL 32399

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H95-01772

ARTICLES OF INCORPORATION

of 4041 OPERATING CORP.
 a CORPORATION FOR PROFIT formed under the Florida General Corporation Act.

Article 1: Name of the Corporation: 4041 OPERATING CORP.
 Address of the Corporation: 4041 COLLINS AVENUE
MIAMI BEACH, FLORIDA 33140

Article 2: DURATION: Term of existence of the corporation is perpetual.

Article 3: PURPOSE: The Corporation may transact any and all lawful business for which corporations may be incorporated under the Laws of the UNITED STATES and the STATE OF FLORIDA.

Article 4: CAPITAL STOCK: The number of shares which the corporation has authorized to be outstanding at any one time is 100.
 PAR VALUE \$1.00 (Information about PAR VALUE is not required but may be included).

Article 5: REGISTERED OFFICE: The street address of the initial registered office of the corporation shall be:
2990 FLAMINGO DRIVE, MIAMI BEACH, FLORIDA 33140
 and the name of the initial registered agent at such address is MICHAEL LEFKOWITZ

I am familiar with and hereby accept the duties and responsibilities as registered agent for said corporation

Michael Lefkowitz
 Signature of Registered Agent
 MICHAEL LEFKOWITZ

2-10-95
 Date

Article 6: The board of directors are as follows:

The name and address of the Initial Director: (All persons listed after the first are additional directors)

1. MICHAEL LEFKOWITZ 2990 FLAMINGO DRIVE, MIAMI BEACH, FLORIDA 33140

Article 7: The Name and address of the incorporator is:

MICHAEL LEFKOWITZ 2990 FLAMINGO DRIVE, MIAMI BEACH, FLORIDA 33140

In witness whereof I have subscribed my name

Michael Lefkowitz
 Signature of Incorporator

MICHAEL LEFKOWITZ

H95-01772
 ace INDUSTRIES, INC.
 54 NW 11th Street
 Miami, FL 33135
 305-358-2571

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT 11 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012194

1 Corporation Name

4041 OPERATING CORP.

Principal Place of Business

4041 COLLINS AVENUE
MIAMI BEACH FL 33140

Mailing Address

4041 COLLINS AVENUE
MIAMI BEACH FL 33140



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

2 New Principal Office Address, if Applicable

3 New Mailing Office Address, if Applicable

4 Date Incorporated or Qualified
To Do Business in Florida

02/13/1995

State, Apt. #, etc.

State, Apt. #, etc.

5 FEI Number

Applied For

City & State

City & State

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LEFKOWITZ, MICHAEL	2990 FLAMINGO DRIVE	MIAMI BEACH FL 33140
			7000001975797--3 -10/18/96--01002--006 ****375.00 ****375.00

REINSTATEMENT

96
A. Attaw
10-11-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEFKOWITZ, MICHAEL
2990 FLAMINGO DRIVE
MIAMI BEACH FL 33140

Name

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

State, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/96

Date

(305)-531-5727

Daytime Phone #