PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

FILED
97 JAN 30 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S68991

1. Corporation Name

2721, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1805 West 76 Street<br>Hialeah, Florida | 1805 West 76 Street<br>Hialeah, Florida |

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

**REINSTATEMENT** 05-97

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| 1068 West 29 Street | 1068 West 29 Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Hialeah FL | City & State: Hialeah , FL |
| Zip / Country: USA | Zip / Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: July 26, 1991

5. FEI Number: 65-0297844 ☐ 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)

| 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 |
|---|---|---|---|
| P/S | Rafael Sanchez | 1068 West 29 Street | Hialeah FL |
| | | | |
| | | | 000002077240--6<br>-02/04/97--01142--006<br>***1080.00 ***1080.00 |
| | | | |
| | | | |
| | | | JBL-31-97 |

8. Name and Address of Current Registered Agent

Carlos A. Triay
999 Ponce de Leon Blvd.
Suite 1110
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (12/96)

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] REGISTERED AGENT MUST SIGN — Date: 1/27/97

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] RAFAEL SANCHEZ PRES. 1/27/97 305-885-5912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #