

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P96000044381**

1. Corporation Name

2129 Corp.

Principal Place of Business

**2400 South Dixie Highway
Suite 200
Miami, FL 33133**

Mailing Address

**2400 South Dixie Hwy.
Suite 200
Miami, FL 33133**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/23/96

5. FEI Number

☒

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/D	Evelyn Greer	2400 South Dixie Highway Suite 200	Miami, FL 33133

REINSTATEMENT

TS. 1/29/99

98-99

**7000002763647--8
-02/09/99--01067--005
****900.00 ****900.00**

8. Name and Address of Current Registered Agent

**Murai Wald Biondo & Moreno, P.A.
c/o Gerald J. Biondo, Esq.
25 S.E. 2 Avenue
900 Ingraham Building
Miami, FL 33131**

9. Name and Address of New Registered Agent

Name

**Murai Wald Biondo & Moreno, P.A. c/o Gerald J.
Street Address (P.O. Box Number is Not Acceptable) Biondo, Esq.**

25 S.E. 2 Avenue

Suite, Apt. #, Etc.

900 Ingraham Building

City

Miami,

State

FL

Zip Code

33131

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 **1/13/99**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(j), 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

305-854-8989

Date

1/29/99