

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # L11126

1. Corporation Name

2349 CORPORATION

Principal Place of Business

5901 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014

Mailing Address

5901 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014

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

08/24/1999

5. FEI Number

65-0253928

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ Section 607.0505, F.S.

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	4 City / State / Zip
VP	SUCHER, ROBERT	1399 S.W. 1ST AVENUE	MIAMI FL
VS	TRUEBA, MARIO	1399 S.W. 1ST AVENUE	MIAMI FL
VP	HILL, DWIGHT L.	1399 S.W. 1 AVE	MIAMI FL
PD	KATCHER, GERALD - DELETE SEE ATTACHED	1399 SW 1ST AVE	MIAMI FL
			LS
			600003059606--2 -12/03/99--01015--021 ***758.75 . ***758.75

8. Name and Address of Current Registered Agent

KAPLAN, MARK
5901 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014

9. Name and Address of New Registered Agent

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

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 11-8-99

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 807 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 807.0401 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 OFFICIAL OR DIRECTOR
PRESIDENT & DIRECTOR

11/8/99

Date

305 808-2200

Daytime Phone #