PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
00 FEB 15 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000102712

1. Corporation Name
1785 HOLDINGS INCORPORATED

1/28/00 90199 014 - 150.00

2. Principal Office Address	3. Mailing Office Address
1785 N.E 123rd St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami, FL	City & State: FL.
Zip: 33181 Country:	Zip: Country:

4. Date Incorporated or Qualified To Do Business In Florida: 12-07-1998

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ (Additional fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: ZUR MOSHE

Street Address (P.O. Box Number is Not Acceptable): 1800 N.E 114th St. suite 1602

Suite, Apt. #, Etc.:

City: north miami, FL. State: FL Zip Code: 33181

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Moshe Zur — REGISTERED AGENT MUST SIGN — Date: 2-15-00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KAREN ZUR	1800 N.E 114th St # 1602	N. Miami FL 33181
D	MAIA ZUR	1800 N.E 114th St # 1602	N. Miami FL. 33181
D	HENRY S. BOMS	679 N.E 77th St	Miami FL. 33138

REINSTATEMENT

10. 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: _____ 2-15-00 305-995-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #