

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P93000039052**

1. Corporation Name

1 WASHINGTON AVENUE CORP.

Principal Place of Business

**1 WASHINGTON AVE.
MIAMI BEACH FL 33139-7323**

Mailing Address

**1 WASHINGTON AVE.
MIAMI BEACH FL 33139-7323**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 31 PM 4:33



REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1993

5. FEI Number

65-0423636

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	4 City / State / Zip
D	STILLMAN, ALAN	% 1114 FIRST AVENUE	NEW YORK NY 10021
D	DUNN, JAMES M	% 1114 FIRST AVENUE	NEW YORK NY 10021
D	LEVINE, MARK	% 1114 FIRST AVENUE 12697 NW 68TH DRIVE	NEW YORK NY 10021 PARKLAND, FL 33076
			100004696071--1
			11/28/01 01012 002
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

**ARTHUR S. UNGER C/O MALLAH FURMAN & CO
BRICKELL BAY OFFICE TOWER
1001 BRICKELL BAY DR STE 1400
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name

MARK LEVINE

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

12697 NW 68TH DRIVE

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33076

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

Mark Levine

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/01

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-673-6169
10/24/01

CR2040 (8/01)