

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 050705

1. Corporation Name

810 Corp., Inc.

Principal Place of Business

Mailing Address

4601 Oaks Road  
Fort Lauderdale, FL 33314

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

2. New Principal Office Address, If Applicable  
4000 SW 47 Avenue

3. New Mailing Office Address, If Applicable  
4000 SW 47 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Davie, FL

City & State  
Davie, FL

Zip Country  
33314 USA

Zip Country  
33314 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 2/21/1980

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P, D	Lawrence Danielle	4000 SW 47 Avenue	Davie, FL 33314

500002420525--9

02/03/98 01097-018

\*\*\*1903.75 \*\*\*1903.75

8. Name and Address of Current Registered Agent

Michael B. Manes

9. Name and Address of New Registered Agent

Name

Michael B. Manes

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

633 S. Federal Hwy.

Suite, Apt. #, Etc.

300 A

City

Ft. Lauderdale,

State

FL

Zip Code

33301

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

*Michael B. Manes*

REGISTERED AGENT MUST SIGN

Date 1/27/98

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:

*Lawrence Danielle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/98

Date

954 523 1822

Daytime Phone #

CR2E040 (12/96)