PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 AUG 25 AM 9:55
SECRETARY OF STATE

DOCUMENT # 739629

1. Corporation Name

AUG 25 2017
L BERGER

CR2E061 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2015 MADISON Street OFFICE BOX	
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Hollywood, FL.	FL
Zip / Country	Zip / Country
33020 / BROWARD	33020 / BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-1837546 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name: HEIDI E. SCHMITZ

Street Address (P.O. Box Number is Not Acceptable): 2015 MADISON Street

Suite, Apt. # Etc: OFFICE BOX

City: Hollywood, State: FL Zip Code: 33020

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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: Heidi E. Schmitz Date: 8/22/17
REGISTERED AGENT MUST SIGN

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
Sec/Treas.	HEIDI E. SCHMITZ	2015 MADISON ST. #204 OFFICE BOX	HOLLYWOOD, FL. 33020
PRES.	ROBERT WEINSTEIN	2015 MADISON ST. #201 OFFICE BOX	HOLLYWOOD, FL. 33020
Vice PRES.	LORRAINE MAXWELL	2015 MADISON ST #201 OFFICE BOX	HOLLYWOOD, FL. 33020
CHAIR.	JULIAN REYES	2015 MADISON ST. #103 OFFICE BOX	HOLLYWOOD, FL. 33020

10. E-mail Address: _____
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: HEIDI E. SCHMITZ Heidi E. Schmitz 8/22/17 954 494-4694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #