

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 26 AM 10:45

DOCUMENT # 763401

1. Corporation Name

THE 183 RD STREET ROAD CORPORATION, INC

2. Principal Office Address

7900 Island Blvd

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33160

Country

DADE

3. Mailing Office Address

7900 Island Blvd

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33160

Country

DADE

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/24/1982

5. FEI Number

592424735

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

MATUS, ALAN

700021154947

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

7900 Island Boulevard

Suite, Apt. #, Etc.

City

North Miami Beach,

State

FL

Zip Code

33160

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

REGISTERED AGENT MUST SIGN

Date

6/11/03

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
PD	MATUS, ALAN	7900 Island Blvd	North Miami Beach, FL 33160
STD	Powers, Patrick	7900 Island Blvd	North Miami Beach, FL 33160
D	Trump, Stephanie	7900 Island Blvd	North Miami Beach, FL 33160
STD	ELBERT, Donald	7900 Island Blvd	North Miami Beach, FL 33160

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN MATUS PRESIDENT

Date

6/11/03

Daytime Phone #

CR2E081 (10/02)

6/26/03