

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 APR 30 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004567

1. Corporation Name

3000 HOLDINGS, INC

2. Principal Office Address

7900 ISLAND BOULEVARD

3. Mailing Office Address

7900 ISLAND BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **AVENTURA
FLORIDA**

City & State
AVENTURA, FL

Zip **33160** Country **USA**

Zip **33160** Country **USA**

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

10/11/1993

5. FEI Number

65-044 5954

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

ALAN MATUS

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 **4/10/02**

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
PSD	MATUS, ALAN	7900 Island Blvd.	North Miami Beach, FL 33160
VAS	Lieb, James M.	7900 Island Blvd.	North Miami Beach, FL 33160
AS	Torpey, Carite	7900 Island Blvd.	North Miami Beach, FL 33160
VAS	Hirsch, Mark	405 Lexington Ave.	New York, New York 10174

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

4/10/02

Daytime Phone #

305-937-7800

REINSTATEMENT 01-02

CR2E081 (9/01)