

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **F94000001577**

1. Corporation Name

6000 ISLAND BOULEVARD, INC.

Principal Place of Business

Mailing Address

7900 ISLAND BLVD.
N. MIAMI BEACH FL 33160

7900 ISLAND BLVD.
N. MIAMI BEACH FL 33160



REINSTATEMENT

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/29/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0479526	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	MATUS, ALAN	7900 ISLAND BLVD.	N. MIAMI BEACH FL 33160
V	LIEB, JAMES M.	4000 ISLAND BLVD	N MIAMI BCH FL
VAS	FINVARB, ROBERT I	7900 ISLAND BOULEVARD	NORTH MIAMI BEACH FL 33160
AS	TORPEY, CARITE	7900 ISLAND BOULEVARD	NORTH MIAMI BEACH FL 33160
			600003493076--2
			-12/11/00--01026--020
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINVARB, ROBERT I
7900 ISLAND BOULEVARD
NORTH MIAMI BEACH FL 33160

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

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

ALAN MATUS

11/9/00

Date

Daytime Phone #

AD

CR2E040 (8/00)