

**APPLICATION
FOR
REINSTATEMENT**



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Principal Place of Business

Mailing Address

~~82-25 JONG AVE. APT. 1~~
~~MIDDLE VILLAGE NY 11370~~

~~MIDDLEBURY AVENUE~~
~~MIDDLE VILLAGE NY 11379~~

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

2 New Principal Office Address, If Applicable
8181 NW 36 STREET
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
66-00 L.I. Expressway
Suite, Apt. #, etc. 200

City & State Miami, FL
Zip 33166 Country

City & State **HASPEEN, NY**
Zip **11378** Country

4. Date Incorporated or Qualified To Do Business in Florida 05/18/1998

5. FEI Number 11-3335800	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)

[illegible]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEREZ, ILEANA
8181 NORTHWEST 36TH STREET STE 6D
MIAMI FL 33166

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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 *Seanaif*

Date 10/19/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

By Brian Gatti Date 10/15/99 File # 7183350710
 NO. OFFICER OR DIRECTOR Date Time Phone #