

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

457387

1. Corporation Name

600 NORTH STATE ROAD 7, INC.

W98-26862

Principal Place of Business

Mailing Address

c/o Alan H. Potamkin
Potamkin Dodge
1350 W. 49th Street
Hialeah, FL 33012

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

May 16, 1995

5. FEI Number

59-2529234

Applied For

Not Applicable

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

REINSTATEMENT 93-98

98 DEC 17 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Alan H. Potamkin	Potamkin Dodge 1350 W. 49th Street	Hialeah, FL 33012
D	Walter H. Ritter	Potamkin Dodge 1350 W. 49th Street	Hialeah, FL 33012
D	Robert M. Potamkin	Potamkin Dodge 1350 W. 49th Street	Hialeah, FL 33012
			600002719486-3 -12/22/98-01076-051 ***1500.00 ***1500.00 600002719486-3 -12/22/98-01076-052 *****8.75 *****2.75

8. Name and Address of Current Registered Agent

Alan H. Potamkin
600 N. State Road 7
Plantation, FL 33317

9. Name and Address of New Registered Agent

Name
Wayne M. Pathman, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Haber, Lewis &
One Biscayne Boulevard, Suite 3660
Suite, Apt. #, Etc.
Two South Biscayne Boulevard
City
Miami
State
FL
Zip Code
33131

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]

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

WALTER H. RITTER VICE PRES / OWNER

Date

Daytime Phone #

305-557-5900

CR2040 (1/95)