

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1672

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 20 PM 12:02

DOCUMENT # **H89735**

1. Corporation Name

13th Street Corporation

2. Principal Office Address

1497 NW 7th St

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33125

Country

USA

3. Mailing Office Address

1497 NW 7th St

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33125

Country

USA

REINSTATEMENT 01-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

592614360

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

G.M. Schweitzer

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

1497 NW 7th St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33125

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3/14/06**

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 | G.M. Schweitzer | 1497 NW 7th St | Miami FL 33125 |
| SD | Glenn J. Munach | 1497 NW 7th St | Miami FL 33125 |
| TD | Elmer Zimbelmann | PO Box 970342 | Miami, FL |
| | | | |
| | | | |
| | | | |

400069172454
03/31/06--01048--005 **900.00

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.M. Schweitzer

Date

Daytime Phone #

305 642-7080

2042

MARK EVANS KASS, P.A.

ATTORNEYS AT LAW

1497 NORTHWEST 7TH STREET

MIAMI, FLORIDA 33125

TELEPHONE (305) 541-2269

FACSIMILE (305) 541-7647

MARK EVANS KASS

OF COUNSEL

WARREN S. WEPMAN

March 15, 2006

State of Florida Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: 13th Street Corporation-Reinstatement

Dear Sir/Madam:

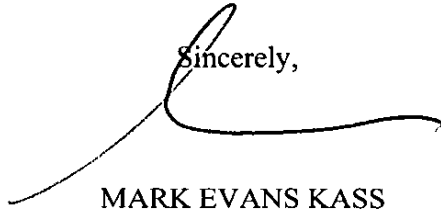
Enclosed please find an executed corporate reinstatement form for the above referenced corporation. We are asking that you please waive the \$600.00 reinstatement fee based upon the fact that the corporation did not receive the annual report notices in 2001, the year of dissolution.

This was caused by the fact that for some reason unknown to the corporation, its principal and mailing addresses were changed to some unknown address in Ohio in 2000. In addition to reinstatement, please correct your records to show the correct mailing address and principal address to that shown on the reinstatement form, 1497 NW 7th Street, Miami, FL 33125

Enclosed is this office's trust account check for \$900.00.

Thank you for your assistance in this matter.

Sincerely,



MARK EVANS KASS

MEK/af
Enc.