

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J19507

1. Corporation Name

21ST STREET OPERATING CORP.

2. Principal Office Address

300 ARTHUR GODFREY RD

Suite, Apt. #, etc.

200A

City & State

MIAMI BEACH, FL

Zip

33140

Country

DADE

3. Mailing Office Address

300 ARTHUR GODFREY RD

Suite, Apt. #, etc.

200A

City & State

MIAMI BEACH, FL

Zip

33140

Country

DADE

REINSTATEMENT

1999-2005 *Rw*

CR2E081 (8/05)

FILED

05 DEC 13 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

06/16/1986

5. FEI Number

59-2722762

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

MORDECHAI BOAZIZ

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

300 ARTHUR GODFREY RD 3/05--01038--004 **1654.00

Suite, Apt. #, Etc.

200A

City

MIAMI BEACH

State

FL

Zip Code

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 12/01/05

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
P	MORDECHAI BOAZIZ	300 ARTHUR GODFREY RD	MIAMI BEACH, FL
VP	MICHAEL OZ	300 ARTHUR GODFREY RD	MIAMI BEACH, FL

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/05

Date

305-398-7583

Daytime Phone #