

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

00 OCT 24 PM 4:11

DOCUMENT # K53334

1. Corporation Name

2121 CORP.

Principal Place of Business

Mailing Address

8898 N.W. 7TH AVE
MIAMI FL 33150
US

8898 N.W. 7 AVE
MIAMI FL 33150
US

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

2. New Principal Office Address, If Applicable

2121 NW 139th ST
Suite, Apt. #, etc. #2

3. New Mailing Office Address, If Applicable

2121 NW 139th ST
Suite, Apt. #, etc. #2

City & State

OPA LOCKA, FL.

City & State

OPA LOCKA, FL.

Zip

33054 USA

Zip

33054 USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1988

5. FEI Number

65-0094107

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GAVSIE, RONALD	2121 NW 139th St. #2 8898 NW 7TH AVENUE	MIAMI FL 33054
D	HANDLER, DAN	5670 CORPORATE WAY	WEST PALM BEACH FL

8000003455678-9
-11/07/00--01094--025
****750.00 ****750.00

10/13

8. Name and Address of Current Registered Agent

GAVSIE, RONALD
8898 NW 7TH AVE
MIAMI FL 33150

9. Name and Address of New Registered Agent

Name
GAVSIE RONALD
Street Address (P.O. Box Number is Not Acceptable)
2121 NW 139th ST #2
Suite, Apt. #, Etc.
OPA LOCKA FL
City
FL State 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

Date 10-17-2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD GAVSIE

Date

10-17-2000

Daytime Phone #

305-687-6080

CR2E040 (8-00)