

L010000015969

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

02 OCT 30 PM 5:21

APPLICATION
FOR
REINSTATEMENT

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # L01000015969

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

215 Sunny Isles Blvd.

City and State

Zip Code

Sunny Isles, Fl. 33160

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

10/4/02

4. Date Incorporated or Qualified To Do Business in Florida

9/17/01

5. FEI Number

06-1639244

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
MGRM	Joseph S. Canlas	215 Sunny Isles Blvd.	Sunny Isles, Fl. 33160

LLC
REINST.

REINSTATEMENT 2002

500008585015
10/25/02--01018--001 **150.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Joseph S. Canlas
210 23rd Street
S. Miami Beach, Florida 33140

Name

Steven A. Weinberg

Street Address (Do NOT Use P.O. Box Number)

7805 S.W. 6th Court

Street Address (Do NOT Use P.O. Box Number)

Plantation

City

Plantation

State

FL.

Zip

33324

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

REGISTERED AGENT MUST SIGN

Date 10/21/02

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.