PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 21 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M11855

1. Corporation Name
2010 INVESTORS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 100 N. 17TH AVENUE<br>HOLLYWOOD FL 33022 | P.O. BOX 1401<br>HOLLYWOOD FL 3 |

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

REINSTATEMENT

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| 1445 ATLANTIC SHORES<br>Suite, Apt. #, etc.: 610 | Suite, Apt. #, etc. |
| City & State: HALLANDALE FL | City & State |
| Zip: 33009 Country: BROWARD | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida: 02/26/1965

5. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| P | VIENNEAU, RAOUL | 1445 ATLANTIC SHORES BLVD., APT. 610 | HOLLYWOOD FL 33009<br>HALLANDALE |
| S | VIENNEAU, ANGELLA | 1445 ATLANTIC SHORES BLVD., APT. 610 | HOLLYWOOD FL 33009<br>HALLANDALE |
| | | | |
| | | | |
| | | | |
| | | | |

900002013633--7
-11/26/96--01024--020
****375.00 ****375.00

VB 11-22-96

8. Name and Address of Current Registered Agent

MANELLA, ROSS, ESQ.
% ILOVITCH & AMENLA, P.A.
2208 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name: RAOUL VIENNEAU
Street Address (P.O. Box Number is Not Acceptable): 1445 ATLANTIC SHORES [illegible]
Suite, Apt. #, Etc.: 610
City: HALLANDALE State: FL Zip Code: 33009

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 REQUIRED Date: 11/11/96
REGISTERED AGENT MUST SIGN

11. 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.)

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 REQUIRED 11/4/96 954 455 0634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RAOUL VIENNEAU

CR2E040 (7/96)