

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # M16211

02 NOV 13 AM 9:47

1. Corporation Name

SECOND AVENUE CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FL 32399

200008972702
11/13/02--01089--024 **150.00

Principal Place of Business

100 SOUTH BISCAYNE BLVD.
SUITE 800
MIAMI FL 33131

Mailing Address

100 SOUTH BISCAYNE BLVD.
SUITE 800
MIAMI FL 33131



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

2. New Principal Office Address, If Applicable

3030 Rosewood COURT

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

DAVIE

Suite, Apt. #, etc.

3030 Rosewood COURT

City & State

FLORIDA

City & State

DAVIE, FL

Zip

33328

Country

Broward

Zip

33328

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1985

5. FEI Number

65-0256156

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
PD	PAUL, JAMES P	100 SOUTH BISCAYNE BLVD., SUITE	MIAMI FL 33131
VDT	PAUL, JOHN E	100 SOUTH BISCAYNE BLVD., SUITE	MIAMI FL 33131

8. Name and Address of Current Registered Agent

PAUL, JAMES P
100 SOUTH BISCAYNE BLVD.
SUITE 800
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

PAUL, JAMES P

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

3030 Rosewood COURT

Suite, Apt. #, Etc.

4

City

DAVIE

State
FL

Zip Code
33328

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. or 617.0505, F.S.

Signature of
Registered Agent

James P Paul
REGISTERED AGENT MUST SIGN

Date

11/4/2002

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:

James P Paul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 11/4/2002 954-467-1300

CR2E040 (8/02)

20f2

11/4/2002

Gentlemen

Please Be advised that we had
NOT Received the Notice to Pay
FOR ANNUAL REPORT. WE ~~ARE~~ ALWAYS
PAY OUR EXPENSES AND TAXES
TIMELY - we have also given
New Address for Next Year.
The Prior Address was still good
but we did NOT Receive the
ANNUAL REPORT + NOTICE Prior
to this time.

James P. Puh
President
Second Ave Corporation