

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 27 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M17852

1. Corporation Name

5030 Palm Ave Inc

2. Principal Office Address - No P.O. Box #

653 Mt Prospect Ave

Suite, Apt. #, etc.

City & State

Newark NJ

Zip

07104

Country

US

3. Mailing Office Address

653 Mt Prospect Ave

Suite, Apt. #, etc.

City & State

Newark NJ

Zip

07104

Country

US

REINSTATEMENT 1992-2009

CR2E081 (10/08)

203/31

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/1985

5. FEI Number

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

All Realty Services, LLC

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

3901 NW 79th Ave

Suite, Apt. #, Etc.

251

City

Doral

State

FL

Zip Code

33166

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Frank DelaPaz
REGISTERED AGENT MUST SIGN

Date 12/08/2008

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
PSD	Luis David Rodriguez	653 Mt Prospect Ave	Newark NJ 07104

600147728796
03/27/09 01036 013 **3193.55

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 contained in Chapter 119, 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:

Luis D. Rodriguez

Luis David Rodriguez

12/09/2008

973-485-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #