

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

DOCUMENT # **M23808**

1. Corporation Name

REKCUS, INC.

Principal Place of Business

2860 NW 183RD ST
MIAMI FL 33056
US

Mailing Address

99 MIAMI GARDENS DRIVE, #128
MIAMI FL 33169



300009030363
11/15/02--01094--007 **750.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/1985

5. FEI Number

59-2652329

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	AVRACH, STEPHEN J	2860 NW 183RD ST	MIAMI FL 33056
SD	LUCAS, THEODORE JR.	99 MIAMI GARDENS DRIVE, #128	MIAMI FL 33169

8. Name and Address of Current Registered Agent

~~ROSEN, STEVEN M.~~
~~5601 BISCAYNE BLVD~~
~~MIAMI FL 33137~~

9. Name and Address of New Registered Agent

Name

DAVID BERCUSON, P.A.

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

9130 S. DADELAND BLVD.

Suite, Apt. #, Etc.

1800

City

Miami

State

FL

Zip Code

33156

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-14-02

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

11/6/02
Date

305-790-0771
Daytime Phone #

CR2E040 (8/02)