

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N95000003422

1. Corporation Name
1737/67, INC.

Principal Place of Business
1747 NW 3RD AVENUE
MIAMI FL 33136

Mailing Address
1747 NW 3RD AVENUE
MIAMI FL 33136

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 P.O. Box 69-4324 Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 07/17/1995	
		Miami, FL 33056 US		5. FEI Number APPLIED FOR	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	COHEN, JACOB BISHOP	1747 NW 3RD AVENUE	MIAMI FL 33136
D	COHEN, JOSIE	1747 NW 3RD AVENUE	MIAMI FL 33136
D	CAMPBELL, BRENAL	1747 NW 3RD AVENUE	MIAMI FL 33136
STD	SMITH, MARGUITA	1747 NW 3RD AVENUE	MIAMI FL 33136
REINSTATEMENT 97-98 SL 1-6-98			

8. Name and Address of Current Registered Agent COHEN, JACOB BISHOP 1747 NW 3RD AVENUE MIAMI FL 33136		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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]* Date: December 9, 1997

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ N/A (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)(f), 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]* 12/09/97 (305) 573-2924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #