

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P000000031950

1. Corporation Name

373 Florida Corp.

2. Principal Office Address

2295 Corporate Blvd. NW

Suite, Apt. #, etc.

Suite 110

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/29/00

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100029872111
03/04/04--01021--031 **1050.00

FILED
04 MAR -4 AM 10:48
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

Lee Max Rothman

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

2295 Corporate Blvd. NW

Suite, Apt. #, etc.

Suite 110

City

Boca Raton, FL

State

FL

Zip Code

33431

REINSTATEMENT

02-53

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-27-04

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
P	Lee Max Rothman	2295 Corporate Blvd. NW #110	Boca Raton, FL 33431

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/04

Daytime Phone #

561 241 5500

CR2E081 (01/04)