

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 JAN 14 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000036140

**1. Corporation Name** 821 INCORPORATED

**2. Principal Office Address**

10434 SW 50th Place

Suite, Apt. #, etc.

City & State

Cooper City, FL

Zip

33328

Country

USA

**3. Mailing Office Address**

10434 SW 50th Place

Suite, Apt. #, etc.

City & State

Cooper City, FL

Zip

33328

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/10/2000

**5. FEI Number**

65-1010007

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **XXX**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MELONIE FELICIANO n/k/a Melonie Feliciano Detterer

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

10434 SW 50th PLACE

Suite, Apt. #, Etc.

City

COOPER CITY,

600004794476--8

-01/24/02--01064--001

\*\*\*\*758.75 \*\*\*\*758.75

State  
FL

Zip Code  
33328

**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

*Melonie Feliciano*

REGISTERED AGENT MUST SIGN

Date 11-6-01

**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	
P/D	MELONIE FELICIANO n/k/a Melonie Feliciano Detterer	10434 SW 50TH PLACE	600004794476--8 -01/24/02--01064--002 ****141.25 ****141.25 COOPER CITY, FL 33328
VP/D	LINDA MARTINEZ	10434 SW 50TH PLACE	COOPER CITY, FL 33328
S/D	PEDRO MARTINEZ	10434 SW 50TH PLACE	COOPER CITY, FL 33328

**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:**

*Pedro L. Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO L. MARTINEZ

11.6.01

Date

(305) 496-3848

Daytime Phone #

CR2E081 (9/00)