

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

P00000056954

FILED

APR 24 AM 9:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000056954

1. Corporation Name

2370 Corporation

**FILING CANCELLED
RETURNED CHECK**

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

3300 SW 117 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 540528

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Opalocka, FL

Zip

33330

Country

USA

Zip

33054

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-13-2000

5. FEI Number

65-1035731

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

VICTOR DESSBERG

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

2370 N.W. 149 St

Suite, Apt. #, Etc.

City

Opalocka

State

FL

Zip Code

33054

500298378175
04/24/17--01037--016 **1200.00

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

4-19-17

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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 | Victor R. Dessberg | 3300 SW 117 Ave, Davie FL 33330 | DAVIE, FL 33330 |
| S | Victor R. Dessberg | 3300 SW 117 Ave Davie FL 33330 | DAVIE, FL 33330 |
| T | Victor R. Dessberg | 3300 SW 117 Ave | DAVIE, FL 33330 |
| D | Victor R. Dessberg | 3300 SW 117 Ave | DAVIE, FL 33330 |
| | | | |
| | | | |

10. E-mail Address: VICTOR MIAMI@MSN.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. Further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature] VICTOR R. DESSBERG 4-19-17 954-609-7085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #