

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 18 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P 00009415
S + A real estate

REINSTATEMENT 01-03

2. Principal Office Address

9651 Savanna Winds dr

Suite, Apt. #, etc.

Del Ray Beach

City & State

Florida

Zip

33416

Country

3. Mailing Office Address

9651 Savanna Winds dr

Suite, Apt. #, etc.

Del Ray Beach

City & State

Zip

33416

Country

700016229207

04/17/03--01095--015 **1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

10-02-2000

5. FEL Number

GS-1048228

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

Andrew Weitz

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

9651 Savanna Winds Dr

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33416

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 4-12-03

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
Pres	Andrew Weitz	9651 Savanna Winds dr	Delray Beach FL 33416
Sec	Shayna Weitz	9651 Savanna Winds dr	Delray Beach, FL 33416

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] Andrew Weitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-12-03

Daytime Phone #

954-448-1400

gs 4/18