

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JUL 13 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110912

**1. Corporation Name**

Las Olas River House Corp.

200 East Las Olas Blvd.

200 East Las Olas Blvd.

**2. Principal Office Address**

200 East Las Olas Blvd.

Suite, Apt. #, etc.

Suite # 1660

City & State

Fort Lauderdale, Florida

Zip

33301

Country

United States

**3. Mailing Office Address**

200 East Las Olas Blvd.

Suite, Apt. #, etc.

Suite # 1660

City & State

Fort Lauderdale, Florida

Zip

33301

Country

United States

**REINSTATEMENT 03-04**

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

12/01/2000

**5. FEI Number**

651064888

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

Franchesca Rhodis, Esq.

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

200 East Las Olas Blvd.

Suite, Apt. #, Etc.

Suite # 1660

City

Fort Lauderdale

State

FL

Zip Code

33301

**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

*F. Rhodis*

REGISTERED AGENT MUST SIGN

Date 7/09/04

**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
PTSD	Zipes, Richard D.	200 East Las Olas Blvd. Suite # 1660	Fort Lauderdale, FL 33301
VD	Friedman, William S.	200 East Las Olas Blvd. Suite # 1660	Fort Lauderdale, FL 33301

**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:

*Richard Zipes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/09/04

Date

954-712-2755

Daytime Phone #

CR2E081 (01/04)