

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 28 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P01000032552**

**1. Corporation Name**

2111 HOLDINGS, INC.  
*mark*

**2. Principal Office Address**

8341 NW 64 STREET

Suite, Apt. #, etc.

**City & State**

MIAMI, FL.

**Zip**

33166

**Country**

USA

**3. Mailing Office Address**

8341 NW 64 STREET

Suite, Apt. #, etc.

**City & State**

MIAMI, FL.

**Zip**

33166

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 3/30/2001

**5. FEI Number**

04-3652607

☒ 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**

EFREM FIGUEIRA

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

8341 NW 64 STREET

Suite, Apt. #, Etc.

**City**

MIAMI

**State**

FL

**Zip Code**

33166

**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 5/4/04

**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	EFREM FIGUEIRA	8341 NW 64 STREET	MIAMI, FL. 33166
VP	MARGARITA DE FIGUEIRA	8341 NW 64 STREET	MIAMI, FL. 33166
VP	ELENA P. FIGUEIRA	8341 NW 64 STREET	MIAMI, FL. 33166

**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)(f), 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

5/4/2004

Date

305-418-4727

Daytime Phone #

CR2E081 (01/04)

# 2111 MARK HOLDINGS, INC.

May 4, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

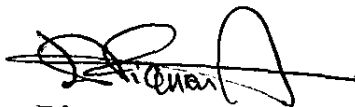
Attention: Reinstatement Department

Dear Sir or Madam:

---

Please note that our company did not receive the renewal notice for year 2002. Enclosed find a reinstatement form and a check for \$ 450.00. I thank you for your cooperation on this matter and for waiving any late fees.

Sincerely,

A handwritten signature in black ink, appearing to read 'Efrem Figueira', with a large, stylized flourish extending to the right.

Efrem Figueira  
President