

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV /4 AM 8:01

DOCUMENT # P01000038674

1. Corporation Name

365 NW 8TH STREET CORPORATION

Principal Place of Business

567 NW 94 ST
MIAMI FL 33150

Mailing Address

567 NW 94 ST
MIAMI FL 33150



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/2001

5. FEI Number

0134445988

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ORTIZ, LESLIE	567 NW 94 ST	MIAMI FL 33150

8. Name and Address of Current Registered Agent

ORTIZ, LESLIE
567 NW 94 ST
MIAMI FL 33150

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/6/02

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/6/02

CR2040 (8/02)

November 7th, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT SECTION
P.O. BOX 6327
Tallahassee, FL 32314-6327

RE: 365 NW 8th STREET CORPORATION
Document #P01000038674

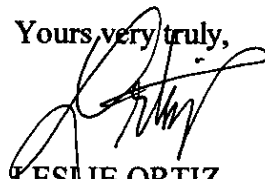
Dear Sirs:

We believe that you dissolved this corporation in error as we sent you the annual report and \$150.00 in February 2002. On March 18, 2002 you sent us the attached letter within received the IRS FEI number but at that time they claimed there was another corporation with a similar name, so, we wrote them on April 19. (Copy attached) On April 23 we got our FEI number as indicated by the attached IRS document. We sent the 2002 report back to you, but evidently it must been misplaced because we got the notice of dissolution. We called about it and were instructed to fill out the notice of dissolution with this explanation letter.

I believe that you did accept the \$150.00 and respectfully request that if all possible that the corporation be reinstated with out any additional fees.

Thank you for giving this your attention.

Yours, very truly,



LESLIE ORTIZ
567 NW 94 ST.
Miami, FL 33150