

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP 22 AM 8:00

DOCUMENT # PO1000088187

1. Corporation Name

309 SE 2ND STREET, INC.

**REINSTATEMENT** 02-03

600023243296  
09/22/03--01009--001 \*\*\$900.00

2. Principal Office Address

21120 NE 31 Place

3. Mailing Office Address

21120 NE 31 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

MIAMI-DANE

Zip

33180

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/7/2001

5. FEI Number

☒ 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

DANIEL A. JACOBSON, ESQ

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

2500 N. FEDERAL HWY, ...

Suite, Apt. #, Etc.

SUITE 100

City

FORT LAUDERDALE

State

FL

Zip Code

33305

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]

Date 8/27/2003

REGISTERED AGENT MUST SIGN

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/D	Micki Beyer	212-05 YACHT CLUB DR #2410	AVENTURA, FL 33180

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:

Micki Beyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-03

Date

305-931-1986

Daytime Phone #

CR2E081 (10/02)