

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
- Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 13 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000104800**

1. Corporation Name

D1224 Inc.

2. Principal Office Address

6840 NW 37th

Suite, Apt. #, etc.

City & State

Miami, Fla

Zip

33147

Country

USA

3. Mailing Office Address

PMB 238

Suite, Apt. #, etc.

48 Bi-State Plaza

City & State

Old Tappan NJ

Zip

07615

Country

Bergen

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

65-1158347

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

Dror Zipken

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

9814 W. Broadview Dr.

Suite, Apt. #, Etc.

City

Bay Harbor Island

State
FL

Zip Code

33154

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

Dror Zipken

Date **12/10/02**

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
Pres	Dror Zipken	9814 W. Broadview Dr.	Bay Harbor Island, Fla. 33154

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-835-6365

CR2E081 (9/01)