

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT -6 PM 1:57

DOCUMENT # P0200016138

1. Corporation Name

709 S.E. 7TH STREET CORPORATION

400023921204
10/20/03--01004--002 **750.00

2. Principal Office Address

676 W. PROSPECT RD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

Zip

Country

33309 BROWARD

Zip

Country

33309

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAUL HUGO

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

676 W. PROSPECT ROAD

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State
FL

Zip Code

33309

8. , 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

Date

10/2/03

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/Dir	PAUL HUGO	676 W. PROSPECT RD.	FT. LAUDERDALE, FL 33309

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 #

10-2-03