

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 15 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000016579

1. Corporation Name

3331 CORP

REINSTATEMENT 03-04

700042753047
11/15/04--01061--034 **900.00

2. Principal Office Address

2800 E. Oakland Park Blvd.

3. Mailing Office Address

915 Middle River Drive

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 506

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33306

Country

USA

Zip

33304

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/02

5. FEI Number

01-0598762

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

George R. Moraitis, Jr.

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

915 Middle River Drive, Suite 506

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304

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

REGISTERED AGENT MUST SIGN

Date

11/12/04

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
PTD	DANIEL J. O'FLAHERTY	2810 E. Oakland Park Blvd Suite 200	Fort Lauderdale FL 33306

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

11/12/04

Daytime Phone #

CR2E081 (01/04)