

01-07-2004 02:29PM FROM-B R V & M, P.A.

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T-984 LEP 002/002 F-817

12-23-2003 01:32PM FROM-B R V & M, P.A.


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T-628 P 002/002 F-536
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H03000340723 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #P02000083551					
1. Corporation Name 901 NINE ISLAND, INC.					
2. Principal Office Address 9 Island Avenue			3. Mailing Office Address 9 Island Avenue		
4. Date, Apt. #, etc. Unit 901			5. Date, Apt. #, etc. Unit 901		
6. City & State Miami Beach, Florida			7. City & State Miami Beach, Florida		
8. Zip 33139		9. Country USA		10. Zip 33139	
				11. Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 8/01/2002					
5. FE Number				Amended For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					
7. Name and address of New Registered Agent					
Name Registered Agents of Florida, LLC					
Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2nd Street					
Suite, Apt. #, Etc. Suite 2900					
City Miami				Zip Code FL 33139	
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		Howard J. Vogel, VP		Date 1-7-04	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director		City / State / Zip	
DPST	Laurence Labene	9 Island Avenue, Unit 901		Miami Beach, Florida 33139	
10. I hereby 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(9)(D), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE		Laurence Labene, President		Date 12/23/03 Phone # 786-256-2727	
		SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	

REINSTATEMENT 03

Division of Corporations

Page 1 of 1

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : Berman Rennert Vogel & Mandler, PA
Account Number : 076103002011
Phone : (305)577-4177
Fax Number : (305)373-6036

CORPORATION REINSTATEMENT

901 NINE ISLAND, INC.

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