

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 11 AM 8:00

DOCUMENT # P02000119732

1. Corporation Name

3305 CORPORATION

Principal Place of Business

16105 NE 18TH AVE.
NORTH MIAMI BEACH FL 33162

Mailing Address

16105 NE 18TH AVE.
NORTH MIAMI BEACH FL 33162

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/2002

5. FEI Number

45-0520777

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MILLMAN, HARRIS	16105 NE 18TH AVE.	NORTH MIAMI BEACH FL 33162
D	RONES, VICTOR	16105 NE 18TH AVE.	NORTH MIAMI BEACH FL 33162
D	LURIA, STEVEN	16105 NE 18TH AVE.	NORTH MIAMI BEACH FL 33162

600025416256
12/11/03 01018 005 **150.00

8. Name and Address of Current Registered Agent

RONES, VICTOR
16105 NE 18TH AVE.
NORTH MIAMI BEACH FL 33162

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12-1-03

11. 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

HARRIS MILLMAN, Dir, P.C.S.

Date

12-1-03

Daytime Phone #

305-992-6445

CR2E040 (7/03)

292

3305 Corporation

16105 NE 18th Ave., Miami, FL 33162
Broward (954) 423-1637 • Fax (954) 236-3918

December 8, 2003

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

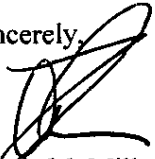
RE: Application for Reinstatement, 3305 Corporation, Document # P02000119732

Enclosed is our Application for Reinstatement for the 3305 Corporation, along with our check number 2536 from Haven Investments, Inc. on behalf of the 3305 Corporation in the amount of \$150.00.

We are requesting a waiver of the reinstatement fee because we did not received the prior uniform business report notices. If there are any other requirements or documents for us to complete please advise us and we will make every effort to provide the information.

Should you have any questions or need additional information concerning the above, please contact Michael Arciola, CFO at extension 110.

Sincerely,



Harris M. Millman
Executive Director

cc: Michael Arciola, CFO

Enclosures