

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 SEP -9 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P03000014357**

1. Corporation Name

219, Inc.

2. Principal Office Address - No P.O. Box #

4389 Fuschia Circle North

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

3. Mailing Office Address

4389 Fuschia Circle North

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

February 06, 2003

5. FEI Number

56-2369020

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

Mark Bryn

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

2 South Biscayne Blvd

Suite, Apt. #, Etc.

Suite 2680

City

Miami

State

FL

Zip Code

33131

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

8-26-08

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
P	Michael Blanchard	4389 Fuschia Circle North	Palm Bch Grdns, FL 33410

700135533047  
09/09/08--01019--004 \*\*600.00

REINSTATEMENT

05-08

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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 contained in Chapter 119, 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

09/02/08

Date

1-561-512-2444

Daytime Phone #