

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2013 MAY 31 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600248504756
06/03/13--01037--016 **1800.00

CR2E081 (11/10)

DOCUMENT # D 03000031942

1. Corporation Name
ONE 79th STREET ESTATES INC.

REINSTATEMENT 2006-13

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

828 NW 79th St.

Suite, Apt. #, etc.

3. Mailing Office Address

11434 NW 22 Ave

Suite, Apt. #, etc.

City & State

MIAMI FLA.

Zip

33150

Country

USA

City & State

MIAMI FLA.

Zip

33167

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-19-03

5. FEI Number

01-0775205

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

Darrell B. Wilson

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

11434 NW 22 Ave

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33167

**FILING CANCELLED
RETURNED CHECK**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 05-31-2013

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.	<u>Darrell B. Wilson Jr.</u>	<u>P.O. Box 1445</u>	<u>Miami, FL 33147</u>
Sec.	<u>Darrell K. Wilson SR.</u>	<u>P.O. Box 1445</u>	<u>Miami, FL 33147</u>

10. E-mail Address: KentH618@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature] Darrell Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 05-31-2013

Daytime Phone # 786-424-864

BOK
1/14/13