

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000064589

1. Entity Name
MAJESTIC PROPERTIES LINCOLN ROAD, INC.

FILED

05 FEB -7 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1827 SUNSET HARBOUR DR
MIAMI BEACH, FL 33139 US

Mailing Address
1827 SUNSET HARBOUR DR
MIAMI BEACH, FL 33139 US

2. Principal Place of Business
1682 Jefferson Ave.
Suite, Apt. #, etc.
Miami Beach, FL
City & State

3. Mailing Address
Suite, Apt. #, etc.



01282005 REIN-P CR2E098 (6/04)

Zip
33139

Country
USA

Zip
Country

4. FEI Number
20-0039376

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, STEVEN Z
2525 N STATE RD 7
115
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jeff Morr, President 1/01/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MORR, JEFF
1827 SUNSET HARBOUR DR
MIAMI, FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100046418731
02/11/05--01010--023 ***300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeff Morr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/01/05 305-604-3543
Date Daytime Phone #