

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000073436

1. Entity Name
8320 HARDING AVENUE CORP.



APPROVED
AND
FILED

05 MAR 23 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8320 HARDING AVENUE
MIAMI BEACH, FL 33141

Mailing Address
~~8751 WEST BROWARD BOULEVARD~~
~~410~~
PLANTATION, FL 33324

2. Principal Place of Business

3. Mailing Address

8320 HARDING AVENUE
#10

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI BEACH, FLORIDA

Zip

Country

Zip

Country

33141

03042005 REIN-P

CR2E098 (6/04)

MRS

4. FEI Number

20-0188595

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANCO, LAWRENCE A
8751 WEST BROWARD BOULEVARD
410
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
SOFIA GABER
Street Address (P.O. Box Number is Not Acceptable)
8320 HARDING AVENUE #10
City
MIAMI BEACH, FL
Zip Code
33121

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

S. Franco

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/4/05

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
PSD
GABER, SOFIA
2928 W. 5TH STREET, #9E
BROOKLYN, NY 11224

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ 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:

S. Franco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/05

Date

Daytime Phone #

REINSTATEMENT 04-05

800049937318
04/05/05--01087--015 **300.00