

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR 30 PM 3:27

DOCUMENT # P03000148726

1. Corporation Name

2301 NE 16TH CORP

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

~~825 ORTON AVE~~  
511 Bayshore Drive  
Suite, Apt., Etc.  
~~#40~~ #405

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

USA

3. Mailing Office Address

~~825 ORTON AVE~~  
511 Bayshore Drive  
Suite, Apt., Etc.  
~~#40~~ #405

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

USA

500154315005  
04/30/09--01007--019 \*\*458.75

REINSTATEMENT 07-09 KS

4. Date Incorporated or Qualified  
to Do Business in Florida 12/10/2003

5. FEI Number  
73-1692009

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  
ROBERT N DEBENEDICTIS

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

~~825 ORTON AVE~~ 511 Bayshore Drive

Suite, Apt., Etc.

~~#40~~ #405

City

FORT LAUDERDALE

State

FL

Zip Code

33304

☒ 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

Robert N DeBenedictis

REGISTERED AGENT MUST SIGN

Date 4/28/2009

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	ROBERT N DEBENEDICTIS	<u>511 Bayshore Drive</u> <del>825 ORTON AVE</del> <u>#405</u>	FORT LAUDERDALE, FL 33304

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

ROBERT N DEBENEDICTIS

4/28/2009

Date

Daytime Phone #