

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILING CANCELLED
FILED RETURNED CHECK

10 JUL 12 PM 1:36

SECRET
FALL 2010

DOCUMENT # P05000004704

1. Corporation Name

1741 NORTH DIXIE INCORPORATED

500183192805
07/12/10--01057--007 **\$900.00

REINSTATEMENT 9/10
CR2E081 (6/10)

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

1741 NORTH DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL.

Zip

33060

Country

US

3. Mailing Office Address

1741 NORTH DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL.

Zip

33060

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2005

5. FEI Number

☒ 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

JEFFREY G. KLEIN

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

2600 NORTH MILITARY TRAIL, SUITE 270

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33431

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 **07/08/2010**

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
PD	ISAM ALI MOHAMMAD	1741 NORTH DIXIE HIGHWAY	POMPANO BEACH, FL. 33060

10. E-mail Address: **LM.JESSEL@GMAIL.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/2010

Date

Daytime Phone #