

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV -5 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 006000099793

1. Corporation Name

MIZRACHI 770. INC.

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

4125 NW 88TH AVE

Suite, Apt. #, etc.

202

City & State

CORAL SPRINGS FL

Zip

33065

Country

U.S.A

3. Mailing Office Address

4125 NW 88TH AVE

Suite, Apt. #, etc.

202

City & State

CORAL SPRINGS FL

Zip

33065

Country

U.S.A

REINSTATEMENT 08-09
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 27 / 2006

5. FEI Number

20-5278796

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

CHAIM YAAKOV MIZRACHI

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

4125 NW 88TH AVE

Suite, Apt. #, Etc.

202

City

CORAL SPRINGS

State

FL

Zip Code

33065

☒ 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

CHAIM Y. MIZRACHI

Date

NOV 12 / 2009

REGISTERED AGENT MUST SIGN

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
PRGS	CHAIM YAAKOV MIZRACHI	4125 NW 88TH AVE #202	CORAL SPRINGS FL, 33065. U.S.A

501152548418
11/15/09-01044-012 ***300.00

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:

CHAIM Y. MIZRACHI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

NOV 12 / 2009

Daytime Phone #

561 306 9988

11/6/09