

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2023 05 12 10 40

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000117675

1. Corporation Name
4900 HOLDING CORP.

900409684319
05/30/23--01024--015 **1385.00

2. Principal Office Address - No P.O. Box # 400 Northlake Court		3. Mailing Office Address 400 Northlake Court	
Suite, Apt. #, etc. #106C		Suite, Apt. #, etc. #106C	
City & State North Palm Beach, FL		City & State North Palm Beach, FL	
Zip 33408	Country US	Zip 33408	Country US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
DESANTIS, ROBERT

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

Suite, Apt. #, Etc.
#106C

City North Palm Beach	State FL	Zip Code 33408
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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 Desantis* Date: May 12 2023

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
P	DESANTIS, ROBERT	400 Northlake Court #106C	North Palm Beach, FL 33408

10. E-mail Address: bmann@nasonyenger.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.166, F.S.

SIGNATURE: *Robert Desantis* Date: May 12 2023 Daytime Phone #: 561-330-3307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR