

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -5 PM 1:38

DOCUMENT # P92000009778

1. Corporation Name

1018 JEFFERSON CORP.

Principal Place of Business

1722  
1018 JEFFERSON AVENUE  
MIAMI BEACH FL 33139  
US

Mailing Address

1722  
1018 JEFFERSON AVENUE  
MIAMI BEACH FL 33139  
US



REINSTATEMENT

00-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

1722 Jefferson Avenue

City & State  
Miami Beach, FL

Zip

33139

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1722 Jefferson Avenue

City & State  
Miami Beach, FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/1992

5. FEI Number

65-0372428

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| P             | FREEMAN, TODD L                           | 1018 JEFFERSON AVENUE                                  | MIAMI BEACH FL          |
| S             | PARSIL, JONATHAN                          | 350 WASHINGTON AVENUE                                  | MIAMI BEACH FL          |
|               |   |  |                         |
|               |   |  |                         |
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\*\*\*\*908.75 \*\*\*\*908.75

12/3/00

8. Name and Address of Current Registered Agent

CHASEN, JERRY ESQ

420 LINCOLN RD

#000

MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

1666 Kennedy Causeway #703

Suite, Apt. #, Etc.

Suite 703

City

N Bay Village

State

FL

Zip Code

33141

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/8/00

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/2000  
Date

305-531-2339  
Daytime Phone #

CR2E040 (8/00)