

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 18 PM 4:04

DOCUMENT # **P93000028627**

1. Corporation Name
Croxley, Inc.

2. Principal Office Address
550 Biltmore Way

Suite, Apt. #, etc.
Suite 1120

City & State
Coral Gables, Florida

Zip Country
33134 USA

3. Mailing Office Address
550 Biltmore Way

Suite, Apt. #, etc.
Suite 1120

City & State
Coral Gables, Florida

Zip Country
33134 USA

REINSTATEMENT **00-05**

4. Date Incorporated or Qualified
To Do Business in Florida 4-19-1993

5. FEI Number
650458794

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
Joseph J. Weisenfeld

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

Suite, Apt. #, Etc.
Suite 1120

City
Coral Gables

State Zip Code
FL 33134

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

Date 1/18/05

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	Abraham Zabudovsky	550 Biltmore Way, Suite 1120	Coral Gables, FL 33134
S	Perla Zabudovsky	550 Biltmore Way, Suite 1120	Coral Gables, FL 33134
AS	Joseph J. Weisenfeld	550 Biltmore Way, Suite 1120	Coral Gables, FL 33134

600045031106

01/19/05--01047--018 **1500.00

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 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:

Joseph J. Weisenfeld

1/18/05

305-444-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)