

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -8 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000055339

1. Corporation Name

819 FIFTH STREET CORPORATION

Principal Place of Business

819 FIFTH ST
MIAMI BEACH FL 33139

Mailing Address

819 FIFTH ST
MIAMI BEACH FL 33139



REINSTATEMENT

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/06/1993	
City & State		City & State		5. FEI Number	
				65-0434009	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KEAN, KATHERINE	819 FIFTH ST	MIAMI BEACH FL 33139
VP	RELLE, DAVID	819 FIFTH ST	MIAMI BEACH FL 33139
T	IVES, KIM	819 FIFTH ST	MIAMI BEACH FL 33139
			7000004703557--4
			-12/04/01--01025--014
			150.00 *750.00
			IVES

8. Name and Address of Current Registered Agent

SANON-JULIS, GARY
819 FIFTH ST
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name Emmanuel Millien
Street Address (P.O. Box Number is Not Acceptable)
819 5th Street
Suite, Apt. #, Etc.

City Miami Beach State FL Zip Code 33139

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]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/12/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 October 2001

Date

Daytime Phone #

CR2040 (8/01)