

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 24 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074752

1. Corporation Name

1733 N.W. 20 Street, Inc.

Principal Place of Business

Mailing Address

~~1733 N.W. 20 Street~~
~~Miami, Florida 33142~~

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

REINSTATEMENT 94-98

2. New Principal Office Address, If Applicable c/o Abergel/Nahon Suite, Apt. #, etc. 5757 Collins Ave., #1706 City & State Miami Beach, FL Zip 33140 Country US		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 10/22/93 5. FEI Number Applied For Not Applicable	
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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Abergel, Joseph	5757 Collins Avenue, #1706	Miami Beach, FL 33140

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Trescott, Robert L. 201 Alhambra CR. Suite 711 Coral Gables, FL 33134		Name Craig R. Dearr Street Address (P.O. Box Number is Not Acceptable) 9130 S. Dadeland Blvd. Suite, Apt. #, Etc. Two Datan Center-Suite 1609 City Miami State FL Zip Code 33156	

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 REGISTERED AGENT MUST SIGN Date 12/18/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 Abergel 12-18-98 305-5763443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #