

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

02 AUG -1 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

PG3000075133

1. Corporation Name

7070 NW 107<sup>th</sup> AVE, INC.

~~00-14-02~~  
~~00-14-02~~  
~~00-14-02~~

REINSTATEMENT 97-02

2. Principal Office Address

7070 NW 107<sup>th</sup> AVE #201

3. Mailing Office Address

Suite, Apt. #, etc.

#201

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65 045-9179

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

DOLORES BOYD GELMAN

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

3901 LOQUAT AVE

Suite, Apt. #, Etc.

City

COCONUT GROVE

State  
FL

Zip Code

33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent

*[Signature]*

Date

8/1/02

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
Pres	DOLORES BOYD GELMAN	3901 LOQUAT AVE	COCONUT GROVE FL 33133
Treas	"	"	"
Sec	"	"	"

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 807 or 817, 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 817.0401, F.S., that all taxes 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

Date

Daytime Phone #

gs 8/2/02