

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 APR -6 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300097358013  
04/18/07--01038--014 \*\*458.75

DOCUMENT # P94000069417

**1. Corporation Name**

7925 WEST 2ND CORP.

**2. Principal Office Address - No P.O. Box #**

3140 S. Ocean Blvd

Suite, Apt. #, etc.

SUITE 401 SOUTH

City & State

DALE BEACH, FL.

Zip

33480

Country

U.S.A.

**3. Mailing Office Address**

480 PARK AVE -APT 5B

Suite, Apt. #, etc.

70 HARRIS A WARE

City & State

N.Y., N.Y.

Zip

10022

Country

USA

**REINSTATEMENT 05-07**

CR2E081 (1/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/21/1994

**5. FEI Number**

65-0525446

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

HARRY A. KATZ, PRESIDENT

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

3140 S. Ocean Blvd. - SUITE 401 S.

Suite, Apt. #, Etc.

DALE SUITE 401 S.

City

DALE BEACH

State

FL

Zip Code

33480

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

*[Signature]* - PRESIDENT

Date 4/01/07

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
MR	HARRY A. KATZ	3140 S. Ocean Blvd - Apt 401 S.	DALE BEACH, FL 33480
MR	MARY BRYNE SANGER	480 PARK AVE. Apt 5B	N.Y., N.Y. 10022
MRS	DANIEL C KATZ	ONE HADWIN RD	POH PA. 15217
MR	HARVEY HOROWITZ	239 E. 79TH ST	N.Y. N.Y. 10021

T.H.B.  
↓  
A.T.  
S.  
V.P.  
ASST  
SECRET  
↑  
T.H.B.

**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 contained in Chapter 119, 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]* - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/01/07

Daytime Phone #

817  
684-4201

HARRY A. KATZ

7C 4/11