

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

96 DEC 19 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073516

1 Corporation Name

901 ENTERPRISES, INC.
901 South Miami Avenue, Miami, FL 33130

Principal Place of Business

Mailing Address

901 South Miami Avenue
Miami, FL 33130

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/3/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For:

City & State

City & State

65-0560071

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
	ANTON SEISS	901 South Miami Avenue Miami, FL 33130	
	President, Secretary		
	Treasurer, Director		200002036602--5 -12/24/96--01047--004 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Bruce Jay Toland
800 Brickell Avenue
#1100
Miami, FL 33131

Name

ANTON SEISS

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

901 South Miami Avenue

Suite, Apt. #, Etc.

City

Miami

State

Zip Code

FL

33130

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

Anton Seiss

REGISTERED AGENT MUST SIGN

Date

12/16/96

ANTON-SEISS

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Anton Seiss

ANTON SEISS

12/16/96

Date

(305) 374-1445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR200-00 (12/85)