PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 MAY 22 PM 1:15

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P95000039530

6300 NW 72ND AVENUE INC.
C/O DAN HERZ
7261 SW 42ND COURT
DAVIE, FL 33314

2. If Address in Block 1 is incorrect in any way, enter the correct address below: FORMERLY RUSSELL, FLORIDA

Address: 7261 SW 42ND COURT
City and State: DAVIE, FL
Zip Code: 33314

3. If Principle Office Address is different from mailing address, enter address below:

Address: 6300 NW 72ND AVENUE
City and State: MIAMI FL
Zip Code: 33166

4. Date Incorporated or Qualified To Do Business in Florida: 5/18/95

5. FEI Number: 65-0594478

FEI Number Applied For ☐
FEI Number Not Applicable ☐

6. **$8.75 Additional Fee required for a Certificate of Status**
CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	YEHUDA SHECHTER	290 - 174th STREET APT #719	MIAMI, FL 33160

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-06/04/98--01096--003
***1050.00 ***1050.00

REINSTATEMENT 96-98
FS 5/21

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name: DANIEL F. HERZ
Street Address (Do NOT Use P.O. Box Number): 7261 SW 42ND COURT
Street Address (Do NOT Use P.O. Box Number):
City: DAVIE
State: FL.
Zip: 33314

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: Daniel F. Herz
REGISTERED AGENT MUST SIGN
Date: 5/22/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 of Officer or Director: Y Shechter PRES
Date: 5/22/98
Daytime Phone #: 305-471-0103

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