

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 JUL 30 AM 9:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P950000 45580

1. Corporation Name

2800 Regatta Corp.

Principal Place of Business

Mailing Address

9130 S. Dadeland Blvd.  
 Miami, FL 33156

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

2. New Principal Office Address, If Applicable

9130 S. Dadeland Blvd.

3. New Mailing Office Address, If Applicable

2800 Regatta Ave

Suite, Apt. #, etc.

SUNSET ISLAND #1

4. Date Incorporated or Qualified To Do Business in Florida

6-13-95

5. FEI Number

Applied For  
 Not Applicable

City & State

Miami, FL

City & State

M. Beach FL

Zip

33156

Country

Mia-Dade

Zip

33140

Country

USA

6. 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)

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
PR.	SARA MARKEVITZ	2800 Regatta Ave	M. Beach FL 33140
V.P.	JEANWELLES M. ESKOWITZ	2800 Regatta Ave	M. Beach FL 33140
Dir	NEAL R. LEWIS	9130 S Dadeland Blvd.	MIAMI 33156

**REINSTATEMENT** 96-98

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\*\*\*1058.75 \*\*\*1058.75

8. Name and Address of Current Registered Agent

Corporation Services Company  
 1201 Hays Street  
 Tallahassee, FL 32301-2525

9. Name and Address of New Registered Agent

Name: NEAL R. LEWIS, ESQ.  
 Street Address (P.O. Box Number is Not Acceptable): 9130 S DADELAND BLVD.  
 Suite, Apt. #, Etc.: 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

*[Signature]*  
 REGISTERED AGENT MUST SIGN

Date: 7/2/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/98 (305) 532 0009

CR2E040 (1/98)