

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P95000065969

1. Corporation Name
EQUITY ONE INVESTMENTS, INC.

Principal Place of Business Mailing Address
400 LESLIE DR #215
HALLANDALE, FL. 33009

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

2. New Principal Office Address, If Applicable
400 LESLIE DR
Suite, Apt. #, etc.
215
City & State
HALLANDALE, FL
Zip
33009 Country
USA

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

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
P.S.	KENNETH WOLOFSKY	400 LESLIE DR #215	HALLANDALE, FL. 33009
			600002827126--4 -04/01/99--01104--003 ****150.00 ****150.00
			600002827126--4 -04/01/99--01104--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

PERLOW, JEFFREY M.
1820 E. Hallandale Beach Blvd
Hallandale, FL. 33009

9. Name and Address of New Registered Agent

Name
KENNETH WOLOFSKY
Street Address (P.O. Box Number is Not Acceptable)
400 LESLIE DR
Suite, Apt. #, Etc.
#215
City
Hallandale
State
FL Zip Code
33009

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
X *[Signature]*
REGISTERED AGENT MUST SIGN

Date
2/26/99

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

KENNETH WOLOFSKY

2/26/99 954 458-2224
Date Daytime Phone #

FILED
99 MAR 25 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 98-99 00

4. Date Incorporated or Qualified To Do Business in Florida
8/25/95
5. FEI Number
65-0403255
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

CR2C040 (1-98)