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2006 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1002

DOCUMENT # P95000079628			
1. Entity Name 2200 N.E. 62ND ST., INC.			
Principal Place of Business 700 S. FEDERAL HWY SUITE 200 BOCA RATON, FL 33432		Mailing Address 700 S. FEDERAL HWY SUITE 200 BOCA RATON, FL 33432	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0632690		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADORNO & YOSS, P.A. 700 S. FEDERAL HWY SUITE 200 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Richard A. Murdoch, Esq.</u>		DATE <u>12/27/06</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MURDOCH, RICHARD A ESQ. 700 S. FEDERAL HWY, SUITE 200 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Richard A. Murdoch, Director</u>		Date <u>12/27/2006</u> Daytime Phone # <u>561-393-5660</u>	

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

2200 N.E. 62ND ST., INC.

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