

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 # **P96000004094**

1. Corporation Name

2400 CORP.

Principal Place of Business

Mailing Address

98 AUG 26 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900002627889--6

-08/28/98--01074--013

****908.75 ****908.75

REINSTATEMENT

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

2. New Principal Office Address, If Applicable

2420 S.W. 27 ST.

3. New Mailing Office Address, If Applicable

2420 S.W. 27 ST.

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

65-0757412

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Miami, Fla.

City & State

Miami FL.

Zip

33145

Country

Dade

Zip

33145

Country

Dade

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
P.	Toufic Mazzawi	9000 S.W. 140 street	Miami FL. 33176
V.P.	Monem Mazzawi	5605 S.W. 84 Ave.	Miami, FL. 33143
T.	Tawdat Mazzawi	11968 S.W. 75 street	Miami, FL. 33183

8-27-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Toufic Mazzawi

Street Address (P.O. Box Numbers Not Acceptable)

9000 S.W. 140 street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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

Toufic Mazzawi

REGISTERED AGENT MUST SIGN

Date

8/20/98

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:

Toufic Mazzawi (Toufic Mazzawi P)

8/20/98

305 856-0863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #