

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000004094

1. Corporation Name
2400 CORP.

Principal Place of Business
**407 LINCOLN ROAD
PH NE
MIAMI BEACH FL 33139**

Mailing Address
**407 LINCOLN ROAD
PH NE
MIAMI BEACH FL 33139**

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

2. New Principal Office Address, If Applicable Toufic Mazzawi Suite, Apt. #, etc. 2400 S.W. 27 St. City & State MIAMI FL Zip 33133 Country U.S.	3. New Mailing Office Address, If Applicable Toufic Mazzawi Suite, Apt. #, etc. 2400 S.W. 27 St. City & State MIAMI FL Zip 33133 Country U.S.
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4. Date Incorporated or Qualified To Do Business in Florida 01/12/1996	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 65-0757412	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	MAZZAWI, TOUFIC	2400 S.W. 27TH ST.	MIAMI FL 33145
SVD	MAZZAWI, MONEM	2400 S.W. 27TH ST.	MIAMI FL 33145
VTD	MAZZAWI, JAWDAT	2400 S.W. 27TH ST.	MIAMI FL 33145

200002848642-9
-04/23/99-01011-082
****150.00 ****150.00
4/10/99

8. Name and Address of Current Registered Agent

**FELDMAN, DAVID
407 LINCOLN ROAD
PH NE
MIAMI BEACH FL 33139**

9. Name and Address of New Registered Agent

Name
Toufic Mazzawi
Street Address (P.O. Box Number is Not Acceptable)
2400 S.W. 27 St.
Suite, Apt. #, Etc.
MIAMI
City
MIAMI

State Zip Code
FL 33133

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
4-8-99

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: **Toufic Mazzawi**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99 (305) 856-0363
Date Daytime Phone #

CR2E040 (8/97)