

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 12:50

DOCUMENT # P96000027200

1. Corporation Name

BURSTYN-SOSA INVESTMENT CORP.

400003455914--2

-11/07/00--01113--002

****900.00 ****900.00

Principal Place of Business

Mailing Address

3801 Indian Creek Dr.
Miami Beach, FL 33140

3801 Indian Creek Dr.
Miami Beach, FL 33140

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
03/28/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0740354

Not Applicable

Zip

Country

Zip

Country

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)

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
1	2	3	4
DPS	David Burstyn	251 Collins Avenue 2618 Collins Avenue	Miami Beach, FL 33140
VP	William Chase	2618 Collins Avenue	Miami BEach, FL 33140

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARY L. BROWN, ESQ.
BEDZOW, KORN, BROWN, MILLER & ZEMEL, P.A.
20803 Biscayne Blvd., # 200
Aventura, Florida 33180

Name

GARY L. BROWN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

PHILLIPS, EISINGER, KOSS, ETAL.

Suite, Apt. #, Etc.

4000 HOLLYWOOD BLVD., # 265-S

City
HOLLYWOOD

State
FL

Zip Code
33021

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

REGISTERED AGENT MUST SIGN

Date

12/6/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

KE

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 #

9/13/00

CR2E001 (12/98)