H00000063454 3

FILED
SECRETARY OF STATE
CORPORATIONS
00 DEC 5 PM 5:04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p96000029460

1. Corporation Name: TRUSTEE HOUSE, INC.
[redacted] 2650 NE 189TH ST
Aventura FL 33180

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
2650 N.E. 189TH ST	TRUSTEE HOUSE INC.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 616 W 51ST STREET
City & State: AVENTURA, FL	City & State: MIAMI BEACH, FL
Zip: 33180 Country: USA	Zip: 33140 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 4-4-96

5. FEI Number: 65-0671671 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [illegible]

7. Name and Address of Current Registered Agent

Name: RONALD WELCH

Street Address (P.O. Box Number is Not Acceptable): 616 W 51ST STREET

Suite, Apt. #, Etc.:

City: MIAMI BEACH | State: FL | Zip Code: 33140

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Ronald Welch RONALD WELCH
REGISTERED AGENT MUST SIGN

Date: 12/4/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RONALD WELCH	616 W 51ST STREET	MIAMI BCH FL 33140
DVTS	DAVID NEPO	2860 FAIRGREEN DRIVE	MIAMI BCH FL 33140
Trustee	JACK STEINFELD	2650 NE 189TH Street	AVENTURA FL 33180

10. 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: DAVID NEPO/DIRECTOR 12/4/00 305-937-4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000063454 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

TRUSTEE HOUSE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$758.75

Electronic Filing Menu Corporate Filing Public Access Help