

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 # 996000658273

1. Corporation Name

Ready of Miami, Inc.

Principal Place of Business

Mailing Address

1801 Collins Ave
MB, FL 33139

Same

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. N/A

Suite, Apt. #, etc. N/A

City & State N/A

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1997

5. FEI Number

65-0683093

Applied For

Not Applicable

6. 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 |
| Pres. | Jeremy Koenig | 616 W 51 st | MB, FL 33140 |
| V.P. | Barry Schmeer | 616 W 51 st | MB, FL 33140 |
| Trea. | John Parlavecchio | 1801 Collins Ave | MB, FL 33139 |
| Sec | Jason Borretta | 1801 Collins Ave | MB, FL 33139 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John Parlavecchio
1801 Collins Ave
MB, FL 33139

Name Barry Schmeer
Street Address (P.O. Box Number is Not Acceptable)
616 W 51st
Suite, Apt. #, Etc.
City MB

100002607301

08/04/98 01083-014
****900.00 ****900.00
FL 33140

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/25/98

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:

[Signature] Barry Schmeer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date 7/25/98

305.866.1482
Daytime Phone #

CR2E040 (1/98)