

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
EINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 27 PH 3:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000069187

Corporation Name

EASTSIDE PLAZA, INC.

Principal Place of Business

Mailing Address

3015 NW 79TH STREET 2ND FLOOR
MIAMI FL 33147

3015 NW 79TH STREET 2ND FLOOR
MIAMI FL 33147



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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1996

5. FEI Number

65-0706678

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)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
D		STUDNIK, ETTI		3015 NW 79 ST 2ND FL		MIAMI FL 33147
D		STUDNIK, NEIL		3015 NW 79 ST 2ND FL		MIAMI FL 33147

200024170772
10/27/03--01082--011 **750.00
200024170772
10/27/03--01082--012 **8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STURNER, SHERRY
3015 NW 79 ST
2ND FL
MIAMI FL 33147

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/22/03

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/03 305-836-3677

CH2E040 (7/03)