

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P960000 80425

1. Corporation Name

7211 CORP.

WS1000014277

2. Principal Office Address

C/O Advance Development  
7900 Glades Road

3. Mailing Office Address

7900 Glades Road

Suite, Apt. #, etc.

Suite 435

Suite, Apt. #, etc.

Suite 435

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33434

Country

USA

Zip

33434

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/27/96

5. FEI Number

65-0700379

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JEFFREY J. WEISS

300004534499-2

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

7900 GLADES ROAD

-08/14/01--01085--004

\*\*\*\*458.75 \*\*\*\*458.75

Suite, Apt. #, Etc.

435

City

BOCA RATON

State

FL

Zip Code

33434

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

Jeffrey J. Weiss

REGISTERED AGENT MUST SIGN

Date

5/16/01

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
D	WEISS, JEFFREY J	7900 Glades Road #435	Boca Raton, FL 33434

99-01 482  
78

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:

Jeffrey J. Weiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/01

Date

561-488-8076

Daytime Phone #

CR2E081 (9/99)