

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR (97)
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 DEC 10 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000082873

1. Corporation Name

BORENSTEIN INVESTMENTS, INC.

Principal Place of Business

3000 ISLAND BLVD.
APARTMENT #1205
AVENTURA FL 33160

Mailing Address

3000 ISLAND BLVD.
APARTMENT #1205
AVENTURA FL 33160



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

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0711120

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BORENSTEIN, ANITA	3000 ISLAND BLVD., APT 1205	AVENTURA FL 33160

300002374093--6
-12/16/97--01114--014
****750.00 ****750.00

REINSTATEMENT (97)

A. Alan
12/10/97

8. Name and Address of Current Registered Agent

A Z REGISTERED AGENT CORPORATION
2801 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name
Anita Borenstein
Street Address (P.O. Box Number is Not Acceptable)
3000 Island Blvd.
Suite, Apt. #, Etc.
Apt. #1205
City
Aventura
State
FL
Zip Code
33160

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 X *Anita Borenstein*
REGISTERED AGENT MUST SIGN

Date X

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: X *Anita Borenstein* Anita Borenstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X
Date Daytime Phone #

CR2E040 (8/97)