PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 98-00 REINSTATEMENT

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

FILED
00 FEB 29 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000029675

1. Corporation Name

7340 HARDING AVENUE, INC.

Principal Place of Business	Mailing Address
~~2699 COLLINS AVENUE~~ ~~NO. 111~~ ~~MIAMI BEACH FL 33141~~	~~2699 COLLINS AVENUE~~ ~~NO. 111~~ ~~MIAMI BEACH FL 33141~~

REINSTATEMENT 98-00

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
611 Lincoln Rd	611 Lincoln Rd.
Suite, Apt. #, etc. # 201	Suite, Apt. #, etc. # 201
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139	Country USA
Zip 33139	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/31/1997 SP

5. FEI Number: 65-0846952. ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~D~~	~~MANTIN, MITCHELL~~	~~2699 COLLINS AVENUE, NO. 111~~	~~MIAMI BEACH FL 33140~~
D	DAN, Samuel	611 Lincoln Rd #201 ~~Miami Beach, FL 33139~~	Miami Beach, FL 33139

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***1058.75 ***1058.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~MANTIN, MITCHELL~~ ~~2699 COLLINS AVENUE~~ ~~NO. 111~~ ~~MIAMI BEACH FL 33141~~	Name: Samuel Dan. Street Address (P.O. Box Number is Not Acceptable): 611 Lincoln Rd #201 Suite, Apt. #, Etc.: #201 City: Miami Beach State: FL Zip Code: 33139

CR2E040 (9/98)

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 REQUIRED Date: 02/25/00
REGISTERED AGENT MUST SIGN

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 REQUIRED Samuel DAN. 02/25/00 (305) 534-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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