

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 16 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **R97000079756**

1. Corporation Name

3157 INC

2. Principal Office Address - No P.O. Box #

1282 NE 163 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1282 NE 163 STREET

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

Zip

33162

Country

USA

Zip

33162

Country

USA

100145937831

03/16/09--01051--014 **450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

09-15-1997

5. FEI Number
65-0788238

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
MICHAEL RAUF

Street Address (P.O. Box Number is Not Acceptable)
1282 NE 163 STREET

Suite, Apt. #, Etc.

City
NORTH MIAMI BEACH

State Zip Code
FL 33162

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Michael Rauf

REGISTERED AGENT MUST SIGN

Date 03-13-2009

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
P.O.	MICHAEL RAUF	1282 NE 163 STREET	NORTH MIAMI BEACH, FL 33162

03/17

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 contained in Chapter 119, 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:

Michael Rauf
MICHAEL RAUF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-2009

Date

786-277-2551

Daytime Phone #