

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 31 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FL 32399-0001
850-487-0000
FAX 850-487-0001
WWW.FLORIDA.GOV

DOCUMENT # **P 980000 61187**

1. Corporation Name

3370 OAKLAND CORP.

2. Principal Office Address

3370 NW 47 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES, FL

City & State

Zip

33319

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
06/13/01 **01078-009**
*****900.00**

5. FEI Number

65-0902044

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

GARSON LAMBERT

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

3370 NW 47 TERRACE

Suite, Apt. #, Etc.

City

LAUDERDALE LAKES

State

FL

Zip Code

33319

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

[Signature]

Date **5/25/01**

REGISTERED AGENT MUST SIGN

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 | GARSON LAMBERT | 3370 NW 47 TERRACE | LAUDERDALE LAKES FL 33319 |
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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)(f), 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

5/25/01

Daytime Phone #

954-733-0655