

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAR 10 PM 2:16

**DOCUMENT # P98000068830**

**1. Corporation Name**  
2890, Inc.

**2. Principal Office Address**  
3300 N. 29th Ave.

Suite, Apt. #, etc.  
Suite101

City & State  
Hollywood, FL

Zip  
33020

Country  
USA

**3. Mailing Office Address**  
3300 N. 29th Ave.

Suite, Apt. #, etc.  
Suite101

City & State  
Hollywood, FL

Zip  
33020

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 8/6/98

**5. FEI Number**  
65-0861496

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  
BENNETT DAVID

Street Address (P.O. Box Number is Not Acceptable)  
3300 N. 29TH Ave.

Suite, Apt. #, Etc.  
Suite 101

City  
Hollywood

000013699820

03/07/03--01079--018 \*\*388.10

000013699820

03/07/03--01079--019 \*\*8.75

State  
FL

Zip Code  
33020

**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

REGISTERED AGENT MUST SIGN

Date 3/5/03

**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
DP	David, Bennett	3300 N. 29th Ave., Suite 101	Hollywood, FL 33020
VS	David, Sara	3300 N. 29th Ave., Suite 101	Hollywood, FL 33020

**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:**

Bennett David

3/5/03

954-925-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

**SARA DAVID REALTY, INC.**  
**REALTORS**  
**SARA DAVID**  
**BENNETT DAVID**

**3300 N. 29<sup>TH</sup> AVE., SUITE 101**  
**HOLLYWOOD, FL 33020**  
**Phone: 954/925-7100**  
**Fax: 954/920-0015**  
**WWW.SARADAVID.COM**

March 5, 2003

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Re: Corporation Reinstatement for 2890, Inc.  
FEI: 65-0861496

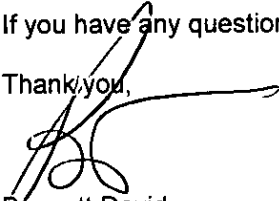
Dear Sir or Madam:

In reference to the above, we are requesting a corporation reinstatement as we did not receive the uniform business report for the year 2002, and we did not become aware of this until this year.

We are forwarding a corporation reinstatement request, along with the fees for 2002 and 2003 and \$8.75 for a copy of certification of the articles of corporation.

If you have any questions, please contact me at 954-925-7100.

Thank you,



Bennett David  
President  
2890, Inc.