

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98 00 0072069

1. Corporation Name

BREAKSTONE HOLDING CORPORATION.

REINSTATEMENT 03-04

800035711578

05/06/04--01/04/07 ***1525 00

2. Principal Office Address

1200 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

Zip

33134

Country

U.S.

3. Mailing Office Address

1200 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

8-8-1998

5. FEI Number

650872124

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

ROSENTHAL / KERRY

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

2875 NE 191 ST.

Suite, Apt. #, Etc.

STE 500

City

AVENTURA

State

FL

Zip Code

33180

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

Kerry Rosenthal

Date

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	NOAH BREAKSTONE	1200 PONCE DE LEON BLVD	CORAL GABLES, FL 33134

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (01/04)