PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED
99 DEC 30 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 798000079592

1. Corporation Name

THE N.E. 2nd AVE DEVELOPMENT CORPORATION

Mailing Address	Principal Place of Business
8034 NE 2nd Ave Miami, FL 33138	8034 NE 2nd Ave Miami, FL ~~22128~~ 33138

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/09/98

5. FEI Number: 650903453 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED X

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
P	Louis Banatty	12580 NE 9th Ave	Miami, FL 33161
S/T	Chantal Banatty	12580 NE 9th Ave	Miami, FL 33161
D	Rose Magalie Lambert	9015 SW 125th Lane	Miami, FL 33178

400003097014--5
-01/13/00--01012--003
****750.00 ****750.00

REINSTATEMENT 99

400003097014--5
-01/13/00--01012--004
******8.75 ******8.75

8. Name and Address of Current Registered Agent

Ron Gordon, Attorney
325 NW 54th St.
Miami, FL 33127

9. Name and Address of New Registered Agent

Name: Georges Daniel
Street Address (P.O. Box Number is Not Acceptable): 8034 NE 2nd Ave
Suite, Apt. #, Etc.:
City: Miami, State: FL Zip Code: 33138

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 _____ Date December 21, 1999
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax-exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ XX (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Louis Banatty 12/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #