

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

01 JUL 30 PM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000052870

1. Corporation Name  
8726 Corp.

100004534001--4  
-08/14/01--01052--006  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address  
8726 NW 119 Street

3. Mailing Office Address  
8726 NW 119 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Hialeah Gardens, FL

City & State  
Hialeah Gardens, FL

Zip  
33010

Country  
Dade

Zip  
33010

Country  
Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

June 9, 1999

5. FEI Number  
65-0946559

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

Steven M. Falk, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
7000 SW 97 Avenue

Suite, Apt. #, Etc.

210

City

Miami

State  
FL

Zip Code  
33173

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

*Steven M. Falk*  
REGISTERED AGENT MUST SIGN

Date

7-24-01

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
Pres.	Diana Stern	3155 Willow Lane	Weston, FL 33331
Sect	Stephen Stern	3155 Willow Lane	Weston, FL 33331

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/01

305-364-0090