

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

**CORPORATION
REINSTATEMENT**



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

FILED
Nov 06, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **P99000052870**

1. Corporation Name

8726 CORP.

REINSTATEMENT 02

100008865631
11/07/02--01046--012 **750.00

2. Principal Office Address

8726 NW 119 STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIACLEAH GARDENS, FL

City & State

Zip

33018

Country

U.S.A

Zip

Country

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

STEPHEN STERN

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

3155 WILLOW LANE

Suite, Apt. #, Etc.

City

WESTON

State
FL

Zip Code

33331

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]

REGISTERED AGENT MUST SIGN

Date

11/1/02

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
P	DIANE STERN	3155 WILLOW LANE	WESTON FL 33331
S	STEPHEN STERN	3155 WILLOW LANE	WESTON FL 33331
V	BRETT 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)(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 #

NOV 1-02 305 364-0040

11/14/02

CR2E081 (9/01)