

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 19 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

~~CORPORATION~~
~~REINSTATEMENT~~

DOCUMENT # P99000053668

1. Corporation Name
900 Jefferson Associates, Inc.

2. Principal Office Address
2498 Prairie Avenue

Suite, Apt. #, etc.
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City & State

Miami Beach, FL

Zip Country
33140 USA

3. Mailing Office Address
2498 Prairie Avenue

Suite, Apt. #, etc.
N/A

City & State

Miami Beach, Florida

Zip Country
33140 USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 14, 1999

5. FEI Number

65-0930595

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
David Lifshultz, President

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

2498 Prairie Avenue

Suite, Apt. #, Etc.
N/A

City

Miami Beach

State

FL

Zip Code

33140

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

David Lifshultz

REGISTERED AGENT MUST SIGN

Date 4/29/03

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
President	David Lifshultz	2498 Prairie Avenue	Miami Beach, Florida
Secretary & Director			33140

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:

David Lifshultz, President 4/29/03 305-531-2492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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**900 JEFFERSON ASSOCIATES, INC.
2498 PRAIRIE AVENUE
MIAMI BEACH, FLORIDA 33140**

April 28, 2003

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

RE: 900 Jefferson Associates, Inc., Charter #P99000053668


Gentlemen:

This letter certifies that I did not receive any notices or renewal forms for filing the Uniform Business Report in order to renew this corporation and keep it in good standing with the State of Florida and to keep it from being placed on an inactive status/administrative dissolution for annual report.

Therefore, I am respectfully requesting that you accept the attached form and the supplemental fee of \$150.00 for reinstatement of this corporation. Thank you.

Sincerely,

900 JEFFERSON ASSOCIATES, INC.

By: 
David Lifshultz, President

Attachments

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