

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P990000056052

1. Corporation Name

PRESENT MANAGEMENT CO.

Principal Place of Business

Mailing Address

19321 NE 22ND AVE.
N. MIAMI BEACH FL 33180

19321 NE 22ND AVE.
N. MIAMI BEACH FL 33180

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/1999

5. FEI Number

65-0936930

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	MUTCHNIK, MARION	720 SOUTH FEDERAL HWY.	HALLANDALE FL 33009

400003441884-4
-10/27/00-01025-020
****150.00 ****150.00

10/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSSZ FIU CORPORATION
200 SOUTH BISCAYNE BLVD 20TH FLOOR
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed

Registered Agent

familiar with and accept the obligations of Section 607.0505.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marion Mutchnik Pres.

10/12/00

Date

Daytime Phone #

305-
8910416

CR2E040 (8/00)

10/12/00

Fla. Dept. of State
Kathleen Harris

RE: 65-0936930
Present Management Co.

Dear Ms Harris:

I am the President of Present Management Co. & I am requesting that the reinstatement fee be waived as I never received the Corp. Annual Report. We changed the address of Present Management Co. & for some reason certain mails were not transferred.

I would greatly appreciate your consideration in this matter & I assure you this will not happen again.

Sincerely,
Marion Blutch Pres.
Present Management Co.