


APPLICATION
FOR
REINSTATEMENT



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

1. Corporation Name

Principal Place of Business

Mailing Address

1750 NE 183RD STREET
APT 1802-T
AVENTURA FL 33160

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. 172 #1802

Suite, Apt. #, etc. 11 #1802

City & State
Aventura, FLA

City & State
Aventura, FLA

Zip ~~78108~~ 78160

Zip ~~74400~~ 33160

4. Date Incorporated or Qualified To Do Business in Florida

09/07/1999

5. FEI Number

65-235 1223

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|---|
| PD | BROWN, LOUISE | 2750 NE 183RD STREET 1802T | AVENTURA FL 33160 |
| D | ROSS, JACK | 20381 NE 30TH AVE # 308 | AVENTURA FL 33180 |
| | | | |
| | | | |
| | | | 900004717529--5 -12/10/01--01110--024 ****150.00 ****150.00 |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, LOUISE
2750 NE 183RD STREET
APT 1802-T
AVENTURA FL 33160

Name _____

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

Suite, Apt. #, Etc.

City

| | |
|-------|----|
| State | FL |
|-------|----|

Zip Code

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

Louise Brown

Date 10-19-01

REGISTERED AGENT MUST SIGN

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 119.073(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

Date _____

Daytime Phone #

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