

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

04 JUN 25 PM 2:17

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000083730

**1. Corporation Name**

2221 Corporation

**2. Principal Office Address**

9801 Collins Avenue

Suite, Apt. #, etc.  
Apt. 7C

**City & State**

Bal Harbour, FL

**Zip**

33154

**Country**

USA

**3. Mailing Office Address**

9801 Collins Avenue

Suite, Apt. #, etc.

Apt. 7C

**City & State**

Bal Harbour, FL.

**Zip**

33154

**Country**

USA

**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/22/99

**5. FEI Number**  
65-0950521

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 Lea Liberman

Street Address (P.O. Box Number is Not Acceptable)  
2699 Sterling Road

Suite, Apt. #, Etc.

Suite A-305

**City**

Ft. Lauderdale

**State**

FL

**Zip Code**

33312

**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 6/22/04

**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
PD	Jerald Selevan	9801 Collins Avenue, #7C	Bal Harbour, FL 33154
VPD	Ivan Martin	13060 SW 106 Street	Miami, FL 33186
SD	Luisa Martin	13060 SW 106 Street	Miami, FL 33186
TD	Trudy Selevan	9801 Collins Avenue, #7C	Bal Harbour, FL 33154

**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

6/22/04 786-525-1345

Daytime Phone #

CR2E081 (01/04)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 775216 7112109

AUTHORIZATION :

COST LIMIT : \$ ~~1158.75~~ *Patricia P. Smith* 908.75

ORDER DATE : June 24, 2004

ORDER TIME : 9:05 AM

ORDER NO. : 775216-005

CUSTOMER NO: 7112109

CUSTOMER: Ms. Mayling Clark  
Buchanan Ingersoll, P.c.  
Suite 2100  
100 Southeast 2nd Street  
Miami, FL 33131

DOMESTIC FILINGS

NAME: 2221 CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
04 JUN 25 AM 10:43  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA