

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P99000089797

1. Corporation Name

737 JEFFERSON ASSOCIATES, INC.

Principal Place of Business

2498 PRAIRIE AVE
MIAMI BEACH FL 33140

Mailing Address

2498 PRAIRIE AVE
MIAMI BEACH FL 33140

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

10/12/1999

5. FEI Number

65-0962510

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)

1 PSD
2 LIFSCHULTZ, DAVID

Name of Officers
and/or Directors

3 2498 PRAIRIE AVE

Street Address of Each
Officer and/or Director

4 MIAMI BEACH FL 33140

City / State / Zip

100003447771--0

-11/01/00--01113--003

****150.00 ****150.00

8. Name and Address of Current Registered Agent

LYNN, MARK J
555 NE 15 ST
SUITE 100
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

DAVID LIFSCHULTZ

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

2498 PRAIRIE AVENUE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33140

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

SIGNATURE REQUIRED

Date 10-16-2000

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 119.07(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 REQUIRED
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID LIFSCHULTZ 10-16-2000

Date

Daytime Phone #

737 Jefferson Associates, Inc.
2498 Prairie Avenue
Miami Beach, Florida 33140

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

To Whom It May Concern:

Please be advised that we never received the Corporate Annual Report form and therefore was not filed.

Thank you for your kind attention to this matter.



DAVID LIFSHULTZ, President