

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 399947

1. Corporation Name

Beber, Silverstein & Partners Advertising, Inc.

Principal Place of Business

3361 S.W. 3rd Avenue
Miami, FL 33145

Mailing Address

(same)

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/72

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1401652

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D, S	Elaine Silverstein	2000 S. Bayshore Dr., #35	Miami, FL 33133
D, C	Joyce Beber	3361 S.W. 3rd Avenue	Miami, FL 33145
P	Jennifer Beber	2843 S. Bayshore Dr. #PH2F	Miami, FL 33133

REINSTATEMENT

98 TB-12/2/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Joyce Beber

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

3361 S.W. 3rd Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

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

Joyce Beber

REGISTERED AGENT MUST SIGN

Date December 1, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

Joyce Beber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joyce Beber, Chairman & Director

12/01/98

Date

(305) 856-9800

Daytime Phone #

0322040 (1/98)