

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

1996 OCT 28 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036349

1. Corporation Name

5 S INDUSTRIES, INC.

Principal Place of Business

21000 NE 28 AVE
SUITE 214
AVENTURA FL 33180

Mailing Address

21000 NE 28 AVE
SUITE 214
AVENTURA 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

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0459555

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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
PS	SARFATI, JEAN CLAUDE	21000 NE 28TH AVE #205	AVENTURA FL
			700001997507--0 -11/06/96--01036--012 ***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

ROBERT M. Bradley
21000 NE 28TH AVE
SUITE 214
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name **SARFATI JEAN CLAUDE**
Street Address (P.O. Box Number is Not Acceptable)
21000 N.E. 28th. Ave Ste 214
Suite, Apt. #, Etc.
Suite 214
City
Aventura State **FL** Zip Code **33180**

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

SARFATI
REGISTERED AGENT MUST SIGN

Date **10/23/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SARFATI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/23/96**

Daytime Phone **932-6240**