

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 21 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000059751

1. Corporation Name

AMERICAN STOCKROOM INC.

2. Principal Office Address

3. Mailing Office Address

2200 N. FEDERAL HWY
Suite, Apt. #, etc.

2200 N. FEDERAL HWY
Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD FL

HOLLYWOOD FL

Zip

Country

Zip

Country

33020

33020

4. Date Incorporated or Qualified
To Do Business in Florida

6/20/2000

5. FEI Number

65-05023990

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

ABRAHAM OHAYON

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

2200 N. FEDERAL HWY

Suite, Apt. #, Etc.

500024925155

11/21/03 01042 010 **300 00

City

HOLLYWOOD

State

FL

Zip Code

33020

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]

Date

11-18-03

REGISTERED AGENT MUST SIGN

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
P	ABRAHAM OHAYON	2200 N. FEDERAL HWY	HOLLYWOOD FL 33020

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-18-03

Daytime Phone #

CR2E081 (10/02)

AMERICAN STOCKROOM INC
2200 NORTH FEDERAL HWY
HOLLYWOOD, FL 33020

November 18 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: corporation renewal

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. I never received the renewal form due to a change in the address. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$300.00 for the years 2003 and 2002.

Thank you very much for you help and understanding.

Sincerely,

Abraham Ohayon
President

A handwritten signature in black ink, appearing to read 'Abraham Ohayon', is written over a horizontal dashed line.