

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

98 JUN -1 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 253470

1. Corporation Name
LES VIOLINS, INC.

Principal Place of Business 1751 DISCAYNE BOULEVARD MIAMI FL 33132	Mailing Address 1751 DISCAYNE BOULEVARD MIAMI FL 33132
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 4441 Collins Avenue Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 4441 Collins Avenue Suite, Apt. #, etc.
City & State Miami Beach, Florida	City & State Miami Beach, Florida
Zip 33140 Country USA	Zip 33140 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 11/28/1961
5. FEI Number 59-0946207
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 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
TD	CURRAIS, JORGE L.	6920 TALAVERA	CORAL GABLES, FL 00000
PD	CURRAIS, JOSE A.	271 SHORE DRIVE EAST	MIAMI BCH, FL 00000
			600002546726--1 -06/04/98--01001--008 ****908.75 ****908.75

REINSTATEMENT 97-98 TB 6/1

8. Name and Address of Current Registered Agent

MARQUEZ, JOSE M
~~788 N.W. LE JEUNE ROAD~~
~~SUITE 400 LE JEUNE CENTRE~~
~~MIAMI FL 33126~~

9. Name and Address of New Registered Agent

Name JOSE M. MARQUEZ
Street Address (P.O. Box Number is Not Acceptable) 782 NW LeJeune Road
Suite, Apt. #, Etc. Suite 548
City Miami
State FL
Zip Code 33126

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

Jose Marquez
REGISTERED AGENT MUST SIGN

Date **May 20, 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:

Don' Callarman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

5/20/98

(305) 672-7469

Date

Daytime Phone #

CR25040 (8/97)