APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 DEC -2 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation **DOCUMENT #** : 325967

Display Unlimited, Inc.
P.O. Box 4530
Hialeah, FL
33014

2. If Address in Block 1 is incorrect, enter the correct address below.
Address
City and State
Zip Code

3. If Principal Office Address is different from mailing address, enter address below.
Address
14501 NW 60 AVE
City and State / Zip Code
Miami Lakes FL 33014

4. Date Incorporated or Qualified To Do Business in Florida: 2/2/68
5. FE Number: 59-1201906
FEI Number Applied For
FEI Number Not Applicable
6.
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
P, D	Rifkin, Joel	6266 SW 89 TERR	Miami, FL 33156
V	Pascual, Jorge	8254 SW 84 AVE	Miami, FL 33133
S, T	Rifkin, Shelly	6266 SW 89 TERR	Miami, FL 33156

REINSTATEMENT 1996
U. Alan
12-2-96

8. Name and Address of Current Registered Agent

Joel Rifkin
6266 SW 89 TERR
Miami, FL
33156

9. If changed, new registered agent / office
Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City

100002018161—4
-12/04/96—01041—015
****375.00 ****375.00

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: Joel Rifkin, registered agent
REGISTERED AGENT MUST SIGN
Date: 11/27/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Joel Rifkin, PRES
Date: 11/27/96
Daytime Phone #: (305) 821-8258

Typed or printed name of signing officer or director: JOEL RIFKIN