TOTAL P.02

APPLICATION FOR REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 FEB 25 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 537025

1. Corporation Name
RETAIL EXECUTIVE SEARCH, INC.

Principal Place of Business
4620 N. STATE ROAD 7
SUITE # 21L
FT LAUDERDALE FL 33319

Mailing Address

REINSTATEMENT 2-6-00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-175333 ✓L

☐ Applied For
☐ Not Applicable

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	MANUEL KOPELOWITZ	9781 LONDON WOOD COURT	BOYNTON BEACH FL 33437

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-03/03/00--01033--022
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: MANUEL KOPELOWITZ

Street Address (P.O. Box Number is Not Acceptable): 4620 N. STATE ROAD 7

Suite, Apt. #, Etc.: 21L

City: FT LAUDERDALE | State: FL | Zip Code: 33319

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: X Manuel Kopelowitz — REGISTERED AGENT MUST SIGN

Date: X 2/21/00

11. This corporation owes 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.

KE

SIGNATURE: X Manuel Kopelowitz — MANUEL KOPELOWITZ — 2/21/00 — (954) 731 2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #