

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 587575

1. Corporation Name

MICA MASTERS, INC.

Principal Place of Business

Mailing Address

Mica Masters Inc
2011 SW 70th Ave. Ste. A18
Davie, FL 33317

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2011 SW 70th Ave. Ste. A18
Davie, FL 33317

FILED

99 DEC -2 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. New Principal Office Address, If Applicable

2011 SW 70th Ave

Suite, Apt. #, etc.

STE A 18

City & State

DAVIE, FLORIDA

Zip

33317

Country

3. New Mailing Office Address, If Applicable

2011 SW 70th Ave

Suite, Apt. #, etc.

Suite A 18

City & State

DAVIE, FLORIDA

Zip

33317

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1978

5. FEI Number

59-1858768

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MARLIN, GENE	2011 SW 70th Ave 4701 SW 45TH ST	DAVIE FORT LAUDERDALE FL
VD	MARLIN, HARVEY	2011 SW 70th Ave 4701 SW 45TH ST	DAVIE FORT LAUDERDALE FL
			208803069532-2 -12/14/99--01074--013 ****750.00 ****750.00

REINSTATEMENT 99 ITS

8. Name and Address of Current Registered Agent

YES

MARLIN, GENE
4701 SW 45TH STREET
FORT LAUDERDALE, FL MH 33314

9. Name and Address of New Registered Agent

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

2011 SW 70th Ave

Suite, Apt. #, Etc.

Suite A 18

City

DAVIE

State

FL

Zip Code

33317

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

[Signature]

REGISTERED AGENT MUST SIGN

11. 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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENE MARLIN

Date

1/26/99

Daytime Phone #

954-236-7330

CR025040 (8/99)