

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**APPROVED AND FILED**

1996 OCT 31 PM 1:46

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **646288**

1. Corporation Name  
**SHELTEX MANUFACTURING CO., INC.**

Principal Place of Business <b>9300 S. DADELAND BLVD. SUITE 611 MIAMI FL 33156 US</b>	Mailing Address <b>9300 S. DADELAND BLVD. SUITE 611 MIAMI FL 33156 US</b>
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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		3. New Mailing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida <b>11/27/1979</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-1962158</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
DVS	BENBASAT,ALBERT	3196 NW 61 STREET	BOCA RATON FL
DPT	RAPHAELY,JONATHAN	6501 S.W. 134 DRIVE	MIAMI FL
			600001998736--5 -11707796--01029--008 ***375.00 ***375.00

**REINSTATEMENT** *all 10/25/96*

8. Name and Address of Current Registered Agent <del>SCHUR, ROBERT E. 1300 BRICKELL AVENUE MIAMI FL 33131</del>		9. Name and Address of New Registered Agent Name <b>JON RAPHAELY</b> Street Address (P.O. Box Number is Not Acceptable) <b># 611 So Dadeland Blvd.</b> Suite, Apt. #, Etc. <b>9300 So. DADELAND BLVD</b> City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33156</b>	
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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 REQUIRED** Date **10/25/96**  
 REGISTERED AGENT MUST SIGN

11. 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.)

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: **SIGNATURE REQUIRED** *10/25/96* 305-870-1139  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-225040 (7/95)