

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

9300 S. DADELAND BLVD.
SUITE 611
MIAMI FL 33156
US

Mailing Address

9300 S. DADELAND BLVD.
SUITE 611
MIAMI FL 33156
US

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

11/27/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1992158

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DVS	BENBASAT,ALBERT	3196 NW 61 STREET	BOCA RATON FL
DPT	RAPHAELY,JONATHAN	6501 S.W. 134 DRIVE	MIAMI FL

600001998736--5
-11/07/96--01029--008
***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SCHUR, ROBERT E.~~
~~1300 BRICKELL AVENUE~~
~~MIAMI FL 33131~~

Name

JON RAPHAELY

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

#611 So. Dadeland Blvd.

Suite, Apt. #, Etc.

9300 So. DADELAND BLVD

City

MIAMI

State

FL

Zip Code

33156

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/96

Date

305-870-1139

Daytime Phone #