PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 18 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **720665**

1. Corporation Name

DIPLOMAT MALL MERCHANTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MARTIN P. NASH 7331 CORAL WAY. SUITE 250 MIAMI FL 33155	C/O MARTIN P. NASH 7331 CORAL WAY. SUITE 250 MIAMI FL 33155

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

REINSTATEMENT 96

Date Authorized to Do Business in Florida: 04/05/1971

5. FEI Number: 59-1437733 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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
PD	DUANE, DORIS	1821 E HALLANDALE BCH BLVD	HALLANDALE FL
VPD	PAULSON, TONI 1529	[illegible] E. HALLANDALE BEACH BL	HALLANDALE FL
STD	NAYA, TRISH	1725 E HALLENDALE BLVD	HALLANDALE FL
	[illegible]	[illegible] E HALLANDALE BCH BLVD	100002012321--1 -11/22/96--01027--029 *****236.25 *****236.25
			11-20-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NASH, MARTIN P. 7331 CORAL WAY SUITE 250 MIAMI FL 33155	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

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 — REGISTERED AGENT MUST SIGN Date: 11/1/96

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 11/8/96 (954) 454-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #