

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729737

1. Corporation Name

FLORIDA ACCESSORY & SOUVENIR SUPPLIERS, INC.

N99-29106

Principal Place of Business

Mailing Address

4600 S.W. 12 STREET
MIAMI, FLORIDA 33134-2715

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

X 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)

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
PRES.	SHELDON GORDON D	6224 S.W. 146 COURT	MIAMI FL 33183
VP	ARTHUR D. FISCHER D	9735 CLUBHOUSE DRIVE	MIAMI FL 33178
S. -	HOWARD ROSS D	2450 N.E. 202 STREET	MIAMI FL 33180
T.	ARTURO J. RIERA D	4600 S.W. 12 STREET	MIAMI FL 33134
			000003095200--6 -01/11/00--01094--017 ****848.75 ****848.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARTURO J. RIERA 4600 S.W. 12 STREET MIAMI, FLORIDA 33134-2715	Name ARTURO J. RIERA Street Address (P.O. Box Number is Not Acceptable) 4600 S.W. 12 STREET Suite, Apt. #, Etc. 000003095200--6 -01/11/00--01094--018 City MIAMI *****61.25 State *****25 FL 33134-2715
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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

Date

12/15/99

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.

SIGNATURE:

ARTURO J. RIERA

Date

12/15/99

Daytime Phone #

(305) 446-2712

KE