

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

96 NOV -7 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 856336

1. Corporation Name

BRESLER MALLS, INC.

Principal Place of Business

Mailing Address

900 E. TOWNY, SUITE 300
BES-PLANNES-IL-0000--

900 E. TOWNY, SUITE 300
BES-PLANNES-IL-0000--

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

2. New Principal Office Address, if Applicable

3361 Boyington

Suite, Apt. #, etc.

Suite 200

City & State

Carrollton, TX

Zip

75006

Country

USA

3. New Mailing Office Address, if Applicable

3361 Boyington

Suite, Apt. #, etc.

Suite 200

City & State

Carrollton, TX

Zip

75006

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/1983

5. FEI Number

36-6199711

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P / CEO	LASKY, DAVID E Stanley White	900 E. TOWNY, STE 300 3361 Boyington, Suite 200	BES-PLANNES-IL-0000 Carrollton, TX 75006
Sr V	TODD, GLEN M Michael Serruya	900 E. TOWNY, STE 300 3361 Boyington, Suite 200	BES-PLANNES-IL-0000 Carrollton, TX 75006
V & S	MARR, ALAN E Aaron Serruya	900 E. TOWNY, STE 300 3361 Boyington, Suite 200	BES-PLANNES-IL-0000 Carrollton, TX 75006
T	ROSSMAN, DENNIS Pamela Warner	900 E. TOWNY, STE 300 3361 Boyington, Suite 200	BES-PLANNES-IL-0000 Carrollton, TX 75006
Asst. Sec.	Anita Nesser	3361 Boyington, Suite 200	Carrollton, TX 75006

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number, if applicable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

C. M. Mather
C. Mather
Special Asst. Secretary

REGISTERED AGENT MUST SIGN

Date 10/29/96

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)(f), 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: *Anita Nesser*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/30/96 972-788-4788
Daytime Phone