

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # F94000004013**

1. Corporation Name

**EQUALITY SPECIALTIES, INC.**

Principal Place of Business

~~1600 N.W. 165th Street~~  
~~Miami, FL 33169~~

Mailing Address

~~1600 N.W. 165th Street~~  
~~Miami, FL 33169~~

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

2. New Principal Office Address, If Applicable

**1600 N.W. 165th Street**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33169**

Country

**USA**

3. New Mailing Office Address, If Applicable

**1600 N.W. 165th Street**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33169**

Country

**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**08/02/1994**

5. FEI Number

**38-3967853**

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
D	ROSENBERG, SHELL Z F. Philip Handy	1040 N. LAKE SHORE DR. 222 W. Comstock Ave., Ste 210	CHICAGO IL Winter Park, FL 32789
D	HALL, WILLIAM K Thomas F. Gaffney	865 LAMSON DR. 2091 Oceanview Drive	WINNETKA IL Tierra Verde, FL 33715
	<del>SHMIDT, ROBERT</del>	<del>11 DANEBROOK RD.</del>	<del>OVERWOOD IL</del>
P	FRIEDMAN, MICHAEL	2339 BAYVIEW AVE.	WANTAGH NY
VT	VAUGHN, CHARLES G	28 SENECA ST.	DOBBS FERRY NY
VAS	ATHAS, GUG	1249 HAWTHORNE LANE	DOWNERS GROVE IL

8. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST.**  
**TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

**300002003963--9**

**-11/14/96--01009--002**

**\*\*\*383 FL \*\*\*383.75**

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

*Anthony S. Meehan*  
**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:

*F. Philip Handy*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**F. Philip Handy**

Date

Daytime Phone #

**11/11/96**