

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

1997 OCT -6 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005876

1. Corporation Name

INTERNATIONAL FRANCHISORS GROUP, INC.

Principal Place of Business

~~347 5th Ave., #1507~~
~~New York, NY 10016~~

Mailing Address

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

2. New Principal Office Address, If Applicable

2000 Island Blvd.

Suite, Apt. #, etc.

Suite 3007

City & State
Aventura, Fl

Zip

33160

Country

USA

3. New Mailing Office Address, If Applicable

c/o 4000 Hollywood Blvd.

Suite, Apt. #, etc.

Suite 735 South

City & State
Hollywood, Fl.

Zip

33021

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/97

5. FEI Number

13-3698162

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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/D	ARMANDO CASCIATI	300 5th Ave., # 6717	New York, NY 10016
			100002315481--7
			-10/08/97-01116-005
			****923.75 ****923.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

Armando Casciati
2000 Island Blvd., #3007
Aventura, Florida 33160

9. Name and Address of New Registered Agent

Name

Michael Heidt

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

4000 Hollywood Blvd.

Suite, Apt. #, Etc.

Suite 735 South

City

Hollywood

State

FL

Zip Code

33021

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

Michael Heidt

REGISTERED AGENT MUST SIGN

Date 10/3/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO CASCIATI
PRESIDENT

Date

Oct/30/1997

Daytime Phone #

(305) 936-8132

CFR2040 (12/96)