

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 # **G16626**

1. Corporation Name

LES PLUS WATCHES & JEWELRY, INC.

Principal Place of Business

390 FIFTH AVENUE
SUITE 500
NEW YORK NY 10018
US

Mailing Address

390 FIFTH AVENUE
SUITE 500
NEW YORK NY 10018
US

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

2. New Principal Office Address, If Applicable

485 WASHINGTON AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

485 WASHINGTON AVE

Suite, Apt. #, etc.

City & State

CARLSTADT NJ

Zip **07072**

Country **USA**

City & State

CARLSTADT NJ

Zip **07072**

Country **USA**



4. Date Incorporated or Qualified To Do Business in Florida

12/20/1982

5. FEI Number

59-2338648

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
VP	FELLER, HOWARD	390 FIFTH AVE., SUITE 500	NEW YORK NY

8. Name and Address of Current Registered Agent

JORGE TODOROFF, CPA
9360 SUNSET DRIVE
SUITE 212
MIAMI FL 33173

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date **2/8/99**

11. This corporation owes or has paid 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard J. Feller

2/4/99

(212) 244-9200

Telephone #

CR2EM40 (9/98)