H14534

Reinstatement

Filed 5-26-94

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2 pgs.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 5-31-94

H14534

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
94 MAY 26 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation DOCUMENT # H14534

4458 INC.
4458 PURDY LANE,
WEST PALM BEACH FL.

2. If Address in Block 1 is incorrect, in any way, enter the correct address below:

Address: 440 25th ST.,

City and State / Zip Code: WEST PALM BEACH FL. 33407

3. If Principle Office Address is different from mailing address, enter address below:

Address: N/A.

City and State / Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: JULY 30th, 1984.

5. FEI Number: 65-031-5924

FEI Number Applied For

FEI Number Not Applicable

6. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED X

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City - State / Zip
PRES.	JOHN CHAIKIN	440 25th ST.	WEST PALM BEACH FL33407

300001193643
-06/06/94--01124--012
****583.75 ****583.75

REINSTATEMENT 93-94 CD
CWS

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

BRANT CHAIKIN,
4458 PURDY LANE,
WEST PALM BEACH ,FL 33463

9. If changed, new registered agent / office

Name: STEVE ROSENBERG

Street Address (Do NOT Use P.O. Box Number): 440 25th st.

City: WEST PALM BEACH | State: FL. | Zip: 33407

10. I being appointed the registered agent of the above named corporation, do hereby accept the obligations of Section 607.0505.

Signature of Registered Agent: S. Rosenberg
REGISTERED AGENT MUST SIGN

Date: MAY 25th, 1994.

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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 intang tax.)

13. I certify that I am an officer or director 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. and that all fees owed by the corporation have been paid. The information indicated on the application is true and accurate and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director: D. Chaikin

Date: MAY 25th, 1994 Daytime Phone # 514-989-2373

Typed or printed name of signing officer or director: JOHN CHAIKIN.

CR2E047 (8/92)