

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
96 NOV 13 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H63458**

1. Corporation Name

FEDERAL RECORD SERVICE CORP.

Principal Place of Business

Mailing Address

~~1500 BAY ROAD #244~~
~~MIAMI BEACH FL 33139~~

~~670 JAY SEINFELD~~
~~1500 BAY ROAD #244~~
~~MIAMI BEACH FL 33139~~

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

2. New Principal Office Address, If Applicable

2000 NE 196th Turn

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2000 NE 196th Turn

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1985

5. FEI Number

50-2561500

Applied For

Not Applicable

City & State

N. Miami Bch., FL

City & State

N. Miami Bch., FL

Zip

33179

Country

USA

Zip

33179

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☒ **REINSTATEMENT**

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
P	SEINFELD, JAY	1500 BAY ROAD #244 2000 NE 196th Turn.	MIAMI BEACH FL 33139 N. MIAMI BCH, FL 33179
			20002005072--8 -11/14/96--01102--012 ****383.75 ****383.75

REINSTATEMENT **1996**
U. Allen
11-1396

8. Name and Address of Current Registered Agent

SEINFELD, JAY
~~1500 BAY ROAD #244~~
~~MIAMI BEACH FL 33139~~

9. Name and Address of New Registered Agent

Name **SEINFELD, JAY**
Street Address (P.O. Box Number is Not Acceptable)
2000 NE 196th Turn
Suite, Apt. #, Etc.
City **N. Miami Bch.** State **FL** Zip Code **33179**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/2/96**

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:

[Signature]
JAY SEINFELD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/96

Date

305-932-1017

Daytime Phone #