

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 # J00970

1. Corporation Name
U.S. TABCO, INC.

Principal Place of Business
3350 GATEWAY DRIVE
POMPANO BEACH FL 33069

Mailing Address
3350 GATEWAY DRIVE
POMPANO BEACH FL 33069

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
97 MAY -2 PM 4: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 46-97

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1986

5. FEI Number

59-2651474

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)

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
PDS PTDS	BARTLETT, ROBERT M.	5553 RAVENSWOOD DR. #109 3350 GATEWAY DRIVE	FT. LAUDERDALE FL POMPANO BEACH, FL., 33069
TD	MONTECI, MICHAEL J.	5553 RAVENSWOOD DR. #109	FT. LAUDERDALE FL
VB V	LOPEZ, JEAN MICHEL	5553 RAVENSWOOD DR. #109 1115 S.E. 12 th TERRACE	FT. LAUDERDALE FL DEERFIELD, FL. 33441
			200002176862--5 05/13/97 01074-021 ***915.00 ***915.00

8. Name and Address of Current Registered Agent

KRINZMAN, RICHARD N.
1500 SAN RENO AVE., SUITE 200
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name Gary Brookmyer
Street Address (P.O. Box Number is Not Acceptable)
3300 PGA Boulevard
Suite, Apt. #, Etc.
Ste. 350
City Palm Beach Gardens
State FL Zip Code 33410

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

5/1/97

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

JEAN MICHEL LOPEZ

VICE PRESIDENT 4-30-97 974-9540

Date

Daytime Phone #