

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 # J78215**

1. Corporation Name

**First Mickey Corp.**

**FILED**

**97 APR 25 PM 3: 17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**REINSTATEMENT 94-97**

Principal Place of Business

**3400 S. Ocean Blvd.  
Apt. 3-F  
Palm Beach, FL 33480**

Mailing Address

**3400 S. Ocean Blvd.  
Apt. 3-F  
Palm Beach, FL 33480**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

**6-17-87**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-2835304**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P,D	Michael, Isidor	3400 S. Ocean Blvd.	Palm Beach, FL 33480
8,D	Michael, Henrietta	3400 S. Ocean Blvd.	Palm Beach, FL 33480
			8000002157918--2 -04/23/97--01047--008 ***1245.00 ***1245.00

8. Name and Address of Current Registered Agent

**Michael, Isidor  
3400 S. Ocean Blvd., Apt. 3-F  
Palm Beach, FL 33480**

9. Name and Address of New Registered Agent

Name  
**Bruce Lazar, Esquire**  
Street Address (P.O. Box Number is Not Acceptable)  
**2901 Collins Avenue**  
Suite, Apt. #, Etc.  
**Suite M**  
City  
**Miami Beach**  
State Zip Code  
**FL 33140**

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 **4/11/97**

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:

*Isidor Michael*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Isidor Michael**

**4/21/97 561 589 2742**  
Date Daytime Phone #

CR2E040 (12/96)