

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

98 DEC 18 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **W01876**

1. Corporation Name
POITIER INCORPORATED

Principal Place of Business Mailing Address
Browns City 2640 Hollywood Blvd Ste 217 c/o E Kolnick Hollywood, FL 33020

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
2640 Hollywood Blvd Ste 205 Hollywood FL 33020
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT

9508

4. Date Incorporated or Qualified To Do Business in Florida
7/13/89

5. FEI Number
05-5199492

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 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
0	Eugene H Kolnick Dir.	2640 Hollywood Blvd Ste 205	Hollywood FL 33020

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-12/28/98--01130--021
***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Joseph B Mearns
3550 Biscayne Blvd
Miami FL

Name
Eugene H Kolnick
Street Address (P.O. Box Number is Not Acceptable)
2640 Hollywood Blvd
Suite, Apt. #, Etc.
Ste 205
City
Hollywood
State
FL
Zip Code
33020

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 **12/15/98**

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)(f), 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 **Eugene H Kolnick**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **12/14/98**
Daytime Phone # **954 922-9206**

CR92040 (1/98)