

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 30 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L28057**

1. Corporation Name

Small Talk Miniatures, Inc
WU2000019748

000007733900--0

-09/13/02--01047--010

****458.75 ****458.75

2. Principal Office Address

8115 SW 206 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

8115 SW 206 TERR

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33189

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 5 1985

5. FEI Number

59-2494757

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Phyllis Cohen

Street Address (P.O. Box Number is Not Acceptable)

8115 SW 206 TERRACE

Suite, Apt. #, Etc.

City

Miami FL 33189

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Phyllis Cohen

Date

8/26/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Phyllis Cohen	8115 SW 206 TERRACE	Miami FL 33189
		00-02	

10. 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:

Phyllis Cohen

PHYLLIS COHEN

Date

7/3/02

Daytime Phone #

(305) 253-7909

CR2E081 (9/01)