PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
1997 NOV -6 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L44075**

1. Corporation Name
DRIVE IN STYLE, INC.

Principal Place of Business
~~524 NORTH FEDERAL HIGHWAY~~ 2403 N STATE RD 7
~~FORT LAUDERDALE FL~~ MARGATE FL

Mailing Address 2403 N STATE RD 7
~~524 NORTH FEDERAL HIGHWAY~~
~~FORT LAUDERDALE FL~~ MARGATE, FL 33063

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

2. New Principal Office Address, If Applicable
2403 N. S.R.7
Suite, Apt. #, etc.
City & State
Margate, Fl
Zip 33063 Country Broward

3. New Mailing Office Address, If Applicable
2403 N. SR 7
Suite, Apt. #, etc.
City & State
Margate, Fl
Zip 33063 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 01/22/1990

5. FEI Number 65-0172890 ☐ 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
V	LAVINE, HAROLD	3111 N. OCEAN DRIVE	HOLLYWOOD FL 33309
D	LAVINE, SUSAN	23440 VISTA LINDA LN	BOCA RATON FL 33433

410003234754--9
-11/12/97--01079--018
****750.00 ****750.00

REINSTATEMENT '97
SCC 11-6-97

8. Name and Address of Current Registered Agent

LAVINE, SUSAN
23440 VISTA LINDA LANE
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/97)

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 _____ Date 10-25-97
REGISTERED AGENT MUST SIGN

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)(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: _____ 10-25-97 Date 954-968-0054 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR