

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

79-1017

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 MAY 22 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L89083**

1. Corporation Name **FIRST AMENDMENT
NOVELTIES CORPORATION**

2. Principal Office Address

40440 US 19 N

Suite, Apt. #, etc.

3. Mailing Office Address **40440**

← SAME US 19 N

Suite, Apt. #, etc.

City & State

TARPON SPRINGS FL

City & State

TARPON SPRINGS ← SAME FL

Zip

34689

Country

PINELLAS

Zip

← 34689

Country

PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

August 1990

5. FEI Number

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

GIL LILIENTHAL

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

40440 US 19 N

Suite, Apt. #, Etc.

City

TARPON SPRINGS

State

FL

Zip Code

34689

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

Gil Lilienthal

Date

5/10/00

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	GIL LILIENTHAL	40440 US 19 N	TARPON SPRINGS FL 34689
VP	CAROL LILIENTHAL	40440 US 19 N	TARPON SPRINGS FL 34689
Sec	CAROL LILIENTHAL	40440 US 19 N	TARPON SPRINGS FL 34689
Treas	GIL LILIENTHAL	40440 U.S. 19 N	

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:

Gil Lilienthal

GIL LILIENTHAL

Date

5/10/00

Daytime Phone #

727

943

2669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)

13 addition It May Concern
like to request that
statement be be waived
received the necessary
articles I guess because they were
forwarded to my new address

understand this as a one time

Thank you for your
and matter

is a check for \$75.00
for the 1000 of the 1000

also \$75 for a 1000

one

Thank you

Sincerely

H. D. G. 10