

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

96 NOV -5 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M28288**

1. Corporation Name

**ADDYS SMALL WORLD, INC.**

Principal Place of Business

6861 W 14TH CT Hialeah 33014  
6861 NW 140 TERR 19311 N.W. 89 Ct.  
HALEAH FL 33014 Miami 33015  
US

Mailing Address

6861 W 14TH CT  
6861 NW 140 TERR 19311 N.W. 89 Ct.  
HALEAH FL 33014  
US

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

03/03/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2843831

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	ORTIZ, ADDYS Stewart	6861 W 14TH CT	HALEAH FL
VSTD	MARTINEZ, ADA	6861 W 14TH CT	HALEAH FL
			000002001780--2 -11/12/96--01023--005 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

Stewart  
ORTIZ, ADDYS  
6861 W 14TH CT  
HALEAH FL 33014

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Addys Stewart*  
REGISTERED AGENT MUST SIGN

Date 11-1-96

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:

*Addys Stewart* PD ADDYS Stewart 11-1-96 305-821-5964  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #  
*Ada Martinez* VSTD ADA MARTINEZ