

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 11 AM 9:13

DOCUMENT # **N94 00000 1492**

1. Corporation Name

**SHOWCASE INTERNATIONAL INC.**  
**WOL-14877**

200004495312--1  
-07/25/01--01046--004  
\*\*\*\*362.00 \*\*\*\*362.00  
200004495312--1  
-07/25/01--01046--005  
\*\*\*\*\*5.50 \*\*\*\*\*5.50

2. Principal Office Address

**4443 N.W. 202 ST.**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. BOX 5376**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33055**

Country

**USA**

City & State

**HOLLYWOOD, FL**

Zip

**33083**

Country

**USA**

**REINSTATEMENT 99-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3/28/1994**

5. FEI Number

**650487238**

Applicable For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**EVERTON JONES**

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

**11901 4th ST N**

Suite, Apt. #, Etc.

**# 424**

City

**ST. PETERSBURG**

State

**FL**

Zip Code

**33716**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**JUNE 1st 2001**

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
<b>PH</b>	<b>STANFORD PHILIP</b>	<b>4443 N.W. 202 ST N</b>	<b>MIAMI, FL, 33055</b>
<b>C</b>	<b>FRANKLYN JONES</b>	<b>11901 4th ST N # 424</b>	<b>ST. PETERSBURG, FL, 33716</b>
<b>S</b>	<b>KACEY SAMUEL</b>	<b>14050 BISCAYNE BLVD # 206</b>	<b>MIAMI, FL, 33181</b>
<b>TH</b>	<b>DENISE NICHOLAS</b>	<b>1900 SANS SOUCI BLVD # 222</b>	<b>N. MIAMI, FL 33181</b>
<b>VPH</b>	<b>Francine Steele</b>	<b>5121 S.W. 24 Street</b>	<b>HOLLYWOOD, FL 33023</b>

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**JUNE 1st 2001 (813) 288-5695**

Daytime Phone #