

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -7 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900012305739  
02/11/03--01023--004 \*\*61.25

DOCUMENT # N94000001492

1. Corporation Name

SHOWCASE INTERNATIONAL INC

Principal Place of Business

4443 NW 202 ND ST.  
MIAMI FL 33055

Mailing Address

4443 NW 202 ND ST.  
MIAMI FL 33055



900012305739  
04/11/03--01004--015 \*\*122.50

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/28/1994

5. FEI Number

65-0487238

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	STANFORD, PHILIP	4443 N.W. 202ND ST	MIAMI FL 33055
C	JONES, FRANKLYN	11901 4TH ST N., #424	ST PETERSBURG FL 33716
<del>S-T</del>	<del>SAMUEL, KALEY</del>	<del>14050 BISCAYNE BLVD., #206</del>	<del>MIAMI FL 33181</del>
<del>T</del>	<del>NICHOLAS, DENISE</del>	<del>1900 SANS SOUCL BLVD., #222</del>	<del>MIAMI FL 33181</del>
VPT	STEELE, FRANCINE	5121 S.W. 24TH STREET	HOLLYWOOD FL 33023

8. Name and Address of Current Registered Agent

JONES, EVERTON  
11901 4TH ST N., #424  
ST PETERSBURG FL 33716

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

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

Nov 8<sup>th</sup> 2002

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nov 8<sup>th</sup> 2002

Florida Department of State  
Division of Corporations  
Tallahassee, Fl  
32314

Prior to the receipt of your Notice of Administrative Dissolution, I did not receive I did not receive the UBR notices. I am there fore submitting an application for re-instatement and asking that the re-instatement be waived.

  
Franklyn Everton Jones  
Registered Agent.