

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC -9 PM 2:39

DOCUMENT # **N94000005855**

1. Corporation Name

**INTERNATIONAL BROTHERHOOD OF MAGICIANS RING NO.
117-MIKE ELLIS RING, INC.**

SECRETARY OF STATE
REINSTATEMENT *02*

400009415304
12/09/02--01037--020 **236.25



400009415304
12/09/02--01037--021 **8.75

Principal Place of Business

**5900 BISCAYNE DR.
LAKE WORTH FL 33463**

Mailing Address

**5900 BISCAYNE DR.
LAKE WORTH FL 33463**

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

11/29/1994

Suite, Apt. #, etc.

5199 1st Rd

Suite, Apt. #, etc.

5199 1st Rd

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33467

Country

USA

Zip

33467

Country

USA

5. FEI Number

65-0542882

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	4 City / State / Zip
PD	ADLER, RICHARD	719 NATHAN HALE RD.	W. PALM BEACH FL 33405
VPD	CUTLER, JAY	2740 S.W. MARTIN DOWNS BLVD., ST	PALM CITY FL 34990
SD	BERNARD, SCOTT	P.O. BOX 1667	HOBE SOUND FL 33475
T	HEIN, KARL	5199 1ST RD.	LAKE WORTH FL 33467
SD	Lombardo, Lenny	8 Elton Place	Boynton Beh, FL 33426

8. Name and Address of Current Registered Agent

**LACROIX, ROLAND
5900 BISCAYNE DRIVE
LAKE WORTH FL 33463**

9. Name and Address of New Registered Agent

Name

Karl Hein

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

5199 1st Rd

Suite, Apt. #, Etc.

1

City

Lake Worth

State

FL

Zip Code

33467

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

11/18/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-
11-18-02 691-7111**

CR2E040 (6/02)