

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
DIVISION OF CORPORATIONS

02 MAR 13 AM 11:10

DOCUMENT # P00000044733

1. Corporation Name

Singer Multifran, Inc.

2. Principal Office Address

2141 N. University Drive

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33071

Country

U.S.

3. Mailing Office Address

2141 N. University Drive

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33071

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/04/2000

5. FEI Number

65-1006558

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

000005169130--1

-03/26/02--01045--006

****150.00 ****150.00

7. Name and Address of Current Registered Agent

Name

Jerry Green

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

9200 South Dadeland Boulevard, Suite 700

Suite, Apt. #, Etc.

Suite 700

City

Miami

State

FL

Zip Code

33156

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-03/26/02--01045--007

****150.00 ****150.00

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

REGISTERED AGENT MUST SIGN

Date

3/11/02

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
P/T/S/ D	Andrew Singer	2141 N. University Drive	Coral Springs, Florida 33071

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

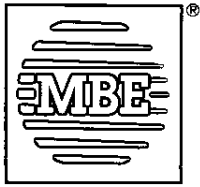
Date

1/21/2002

Daytime Phone #

954-346-3710

CR2E081 (9/01)



MAIL BOXES ETC.®

FEBRUARY 16, 2002

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT I AM THE PRESIDENT OF THE CORPORATION.
LAST YEAR I DID NOT RECEIVE THE 2001 UNIFORM BUSINESS REPORT,
WHICH IS WHY I DID NOT PAY THE 2001 ANNUAL FEE.

SINCERELY,

ANDREW SINGER