

APPLICATION  
FOR  
REINSTATEMENT



DOCUMENT # P00000058437

**A LA FOLIE INC.**

334 20TH ST  
MIAMI BEACH FL 33139

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MIAMI BEACH FL 33139

2. New Principal Office Address, If Applicable.

3. New Mailing Office Address, If Applicable

-4- Date Incorporated or Qualified  
To Do Business in Florida

06/09/2000

Suite, Apt. #, etc.

516 ESPAÑOLA WAY

- Suite, Apt, #, etc.

334 20<sup>th</sup> St. # 204  
City & State

City &amp; State

MIAMI BEACH, FL

City &amp; State

MIAMI BEACH, FL

Zip 33139

Country **U.S.A.**

Zip 33139

Country U.S. A

5. FEI Number

65-1036896

**Applied For**

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**S8.75 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)

[illegible]

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

D'ARI, RICHARD  
334 20TH ST  
MIAMI BEACH FL 33139

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code
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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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 02/22/2002

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/02 (305) 538 4484  
Date Daytime Phone #