

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 31 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100173913341
03/31/10--01033--010 **450.00

CR2E081 (11/09)

DOCUMENT # P00000086896

1. Corporation Name

FIFTEENTH STREET BOOKS

2. Principal Office Address - No P.O. Box #

296 ARAGON AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

296 ARAGON AVENUE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/2000

5. FEI Number

651040866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JULIUS SER

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

296 ARAGON AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES,

State

FL

Zip Code

33134

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Julius Ser

REGISTERED AGENT MUST SIGN

Date 3/27/2010

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/D	JULIUS SER	296 ARAGON AVENUE	CORAL GABLES, FL 33134
S/D	JULIUS SER	296 ARAGON AVENUE	CORAL GABLES, FL 33134
T/D	JULIUS SER	296 ARAGON AVENUE	CORAL GABLES, FL 33134

10. E-mail Address: Julius_Ser@msn.com

(To be used for future annual report notification)

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. I further certify, 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:

Julius Ser

JULIUS SER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/1020

Date

305-975-0198

Daytime Phone #