

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

06 SEP 14 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1000032562

1. Corporation Name

Mazel-Tov Unlimited, Inc.

2. Principal Office Address

660 NW 121 Street

Suite, Apt. #, etc.

City & State

North Miami, Florida

Zip

33169

Country

USA

3. Mailing Office Address

660 NW 121 Street

Suite, Apt. #, etc.

City & State

North Miami, Florida

Zip

33169

Country

USA

REINSTATEMENT

02-06 DX

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

3/26/01

5. FEI Number

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

Orestes Meneses

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

660 NW 121 Street

Suite, Apt. #, Etc.

City

North Miami,

State

FL

Zip Code

33169

400079945994

09/19/06--01032--008 **1350.00

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

Orestes Meneses
REGISTERED AGENT MUST SIGN

Date

Sept 12/06

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
<u>PVP, S, T, D</u>	<u>Orestes Meneses</u>	<u>660 NW 121 Street</u>	<u>North Miami, Fl. 33169</u>

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 contained in Chapter 119, 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:

Orestes Meneses
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept 12/06

Daytime Phone #

786-234-0666