

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -7 AM 8:01

DOCUMENT # P01000081856

1. Corporation Name

NOVA TOYS, INC.

Principal Place of Business

2011 S PERIMETER RD. UNIT B
FT LAUDERDALE FL 33309

Mailing Address

2011 S PERIMETER RD. UNIT B
FT LAUDERDALE FL 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2001

5. FEI Number

01-0596712

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MARANTZ, JAKE	2011 S PERIMETER RD, UNIT B	FT LAUDERDALE FL 33309
D	ARLINSKI, DAVID	2011 S PERIMETER RD, UNIT B	FT LAUDERDALE FL 33309

4000008568294
10/24/02--01062--016 **750.00

8. Name and Address of Current Registered Agent

ZIMMERMAN, STEPHEN L
737 E ATLANTIC BLVD
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

Name

JAKE MARANTZ

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

2011 SOUTH PERIMETER RD

Suite, Apt. #, Etc.

UNIT A

City

FORT LAUDERDALE

State

FL

Zip Code

33309

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

10/21/02

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 #

10/21/02 954-229-2460

CR2E040 (8/02)