

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119387

1. Corporation Name

MULTI KOTE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

~~4411 NE 10TH AVE.
OAKLAND FL 33334~~

~~4411 NE 10TH AVE.
OAKLAND FL 33334~~



400009200884
11/25/02--01048--005 **158.75

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

2. New Principal Office Address, If Applicable

4407 NE 10th AVE

3. New Mailing Office Address, If Applicable

6300 JEFFERSON ST.

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

OAKLAND PARK, FL

City & State

Hollywood, FL

Zip

33334

Country

Broward

Zip

33023

Country

Broward

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	ALFONSO, MICHAEL	4411 NE 10TH AVE.	OAKLAND FL 33334

8. Name and Address of Current Registered Agent

GOLDSTONE, RICHARD ESQ
RICHARD GOLDSTONE, P.A.
2400 W. CYPRESS CREEK RD., STE. 100
FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

Michael ALFONSO

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

6300 JEFFERSON ST

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33023

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

Michael Alfonso REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-19-02

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:

Michael Alfonso REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-19-02 954-207-0112



6300 Jefferson Street
Hollywood, FL 33023
954-202-0112

Dear Department of State:

RE: Reinstatement of Corporation

As per your instructions, this is to confirm that prior notices were not received and therefore I am requesting that you reinstate Multi Kote of Florida to "active" status.

Business was suspended pending license and certifications that have been met and the previous address was vacant. We are gearing up for business in 2003 and recently moved to the new address listed on the enclosed Application for Reinstatement.

Future filings will be met in accordance with your agency. Thank you in advance for your services.

Sincerely,

Michael Alfonso
President

MA/ma
CC: File
Enclosures