

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000020424**

1. Corporation Name

**POOF CORP.**

Principal Place of Business

56 N.E. 162 STREET  
NORTH MIAMI BEACH FL 33162

Mailing Address

56 N.E. 162 STREET  
NORTH MIAMI BEACH FL 33162

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

02/22/2002

5. FEI Number

02-058716-

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	BARON, WILSON	56 N.E. 162 STREET	NORTH MIAMI BEACH FL 33162
D	BARON, WILSON	56 N.E. 162 STREET	NORTH MIAMI BEACH FL 33162

REINSTATEMENT 03 TS

8. Name and Address of Current Registered Agent

OSMAN, MICHAEL  
1474-A WEST 84 STREET  
HIALEAH FL 33014

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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:

*Wilson Baron*

WILSON BARON

11/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

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WILSON BARON  
56 N.E. 162ND STREET  
MIAMI, FL. 33162-4225

NOVEMBER 10, 2003

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

REFERENCE: P02000020424  
POOF CORP..

TO WHOM IT MAY CONCERN,

ATTACHED IS AN EXECUTED APPLICATION FOR REINSTATEMENT ALONG WITH A COPY OF A CANCELED CHECK SHOWING I HAD PAID THE ORIGINAL FEE IN EARLY APRIL OF THIS YEAR. IN DISCUSSING IT WITH YOUR STAFF APPARENTLY MY APPLICATION WAS SENT BACK BECAUSE I HAD NOT WRITTEN IN THE FEI NUMBER IN BOX 5 OF THE FORM.

PLEASE BE AWARE IF I HAD RECEIVED THIS REQUEST I WOULD HAVE IMMEDIATELY PUT THE NUMBER DOWN AND SENT IT BACK AS THERE WOULD HAVE BEEN NO REASON NOT TO COMPLY. I HEREBY ASKING RE-INSTATEMENT.

RESPECTFULLY SUBMITTED,

*Wilson Baron*  
WILSON BARON,  
PRESIDENT