

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC 15 PM 12:20

DOCUMENT # P02000067542

1. Corporation Name

ZULIA R. TAUB, INC

2. Principal Office Address

8777 Collins Ave

Suite, Apt. #, Etc.

506

City & State

Surfside, FL

Zip

33154

Country

USA

3. Mailing Office Address

8777 Collins Ave

Suite, Apt. #, etc.

506

City & State

Surfside, FL

Zip

33154

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/19/02

5. FEI Number

21-0017987

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

Zulia R. Taub

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

8777 Collins Ave

Suite, Apt. #, Etc.

506

City

Surfside

State

FL

Zip Code

33154

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

REGISTERED AGENT MUST SIGN

Date

12/13/05

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
PT	Zulia R. Taub	8777 Collins Ave #506	Surfside, FL 33154
VS	Natalie T. Mixon	8777 Collins Ave #506	Surfside, FL 33154

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/13/05 305 865 2917