

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 21 PM 4:45

DOCUMENT # **P02000080515**

1. Corporation Name

MICHEAL UNISEX, INC.

Principal Place of Business

9331 TAFT STREET
PEMBROKE PINES FL

Mailing Address

9331 TAFT STREET
PEMBROKE PINES FL



REINSTATEMENT

03

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

07/24/2002

5. FEI Number

58-2675343

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	BUSCEMI, MICHAEL	9331 TAFT STREET	PEMBROKE PINES FL
D	BUSCEMI, GASPARE	9331 TAFT STREET	PEMBROKE PINES FL
D	BUSCEMI, ANTOINETTE	9331 TAFT STREET	PEMBROKE PINES FL

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10/21/03--01044--013 **150.00

8. Name and Address of Current Registered Agent

BUSCEMI, MICHAEL
9133 TAFT STREET
PEMBROKE PINES FL

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:

Michael Buscemi

Michael Buscemi

Date

Daytime Phone #

10/15/03 (54) 432-5995

CR2E040 (7/03)