

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000106366

1. Corporation Name

PLAGE INC

000024572320
11/10/03--01098--020 **150.00

REINSTATEMENT

2. Principal Office Address

18911 COLLINS AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

2203

Suite, Apt. #, etc.

City & State

SUNNY ISLES, FL

City & State

Zip

33160

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/02

5. FEI Number

11-3655525

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

MOSHE AMSELLEM

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

18911 COLLINS AVENUE

Suite, Apt. #, Etc.

2203

City

SUNNY ISLES

State

FL

Zip Code

33160

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 11/06/03

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
P	MOSHE AMSELLEM	18911 COLLINS AVENUE	SUNNY ISLES, FL 33160

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: *X*

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

110603

Date

786-200-3376

Daytime Phone #

CR2001 (10/02)

PLAGE , INC
18911 COLLINS AVENUE
APT# 2203
SUNNY ISLES, FL 33160

November 6, 2003

Department of State
Division of Corporations
P.O Box 6327
Tallahassee, fl 32314

Dear Sir/ Madam,

**Please accept my check for \$150.00 for the Re-instatement of my corporation La
plage, Inc. I never received the filing form due to an incorrect address.**

I thank you in advance for your help in this matter.

Sincerely ,

A handwritten signature in black ink, appearing to be 'Moshe Amsellem', written over a circular stamp or seal.

Moshe Amsellem