

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P18829**

1. Corporation Name

NAILITE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FLORIDA

**1251 NW 165th STREET
MIAMI, FL 33169**

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

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4 Date Incorporated or Qualified
To Do Business in Florida

1978

5 FET Number

59-2906449

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	HOWARD WASSERMAN	5355 TOWN CENTER ROAD Suite 802	BOCA RATON, FL 33486
V	J. DAVID GINTER	SAME AS ABOVE	200002852922--8 -04/27/93--01044--003 *****8.75 *****8.75
V	VINCENT SCIARRABBA	SAME AS ABOVE	200002852922--8 -04/27/93--01044--004 ****750.00 ****750.00
V	DAVID STEEDMAN	SAME AS ABOVE	
C/D	JULIAN RUBINSTEIN	SAME AS ABOVE	
T/D	MARC LEDER	SAME AS ABOVE	
S/D	RODGER KROUSE	SAME AS ABOVE	

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FLORIDA 33324**

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.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

3/30/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 individual's listed on this form do not qualify for an exemption under section 119.02(3)(b), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

5619890691