

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR *98*  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P38055**

1. Corporation Name

**PRICE IS RIGHT SHOPS, INC.**

98 MAY 12 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

640 BELVEDERE RD  
W. PALM BEACH FL 33405  
US

Mailing Address

25 VAN ZANT ST  
STE 1A-2  
E NORWALK CT 06855  
US

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

03/25/1992

5. FEI Number

06-1228431

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
PD	CERRETA, JOHN C.	%25 VAN ZANT ST, STE 2A-2 1 TESTA PLACE	E NORWALK CT 06855
VPSD	SILVER, RICHARD M.	%25 VAN ZANT ST, STE 1A-2 1 TESTA PLACE	E NORWALK CT 06855

REINSTATEMENT

96-98

*A. Allen*  
5/12/98

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

8100002520738

-05/20/98-01107-013

\*\*\*1058.

State

FL

Zip Code

\*\*\*1058.75

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

*Vicky Goldstein*

VICKY GOLDSTEIN

SPECIAL ASSISTANT SECRETARY

Date

2/17/98

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes. 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 individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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:

*Richard M. Silver* Richard M Silver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 1/5/98

✓ 103 806-0103

CF2E040 (7/95)