

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 NOV -3 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010934

1. Corporation Name
RETSINIS, CORP.

Principal Place of Business
6600-A W. ATLANTIC AVE
DELRAY BEACH FL 33446
US

Mailing Address
6600-A W. ATLANTIC AVE
DELRAY BEACH FL 33446
US

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

2. New Principal Office Address, If Applicable
6586 W. ATLANTIC AVE.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
6586 W. ATLANTIC AVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 12/10/1992

5. FEI Number 65-0377747
Applied For
Not Applicable

City & State

City & State

Zip Country

Zip Country

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	WOROBAY, DEBORAH	4353 NW 67TH AVE	CORAL SPRINGS FL 33067
			600002340886--1 -11/06/97--01115--019 ****750.00 ****750.00

REINSTATEMENT

Q. Alan
11/3/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOROBAY, DEBORAH
4353 NW 67TH AVENUE
CORAL SPRINGS FL 33067

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 10-29-97

11. This corporation owes or has paid 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-97 561
496636 L
Date Daytime Phone #

CR2E040 (8/97)