

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Sandra E. Matham
 Secretary of State
 DIVISION OF CORPORATIONS

98-99

FILED

99 JUN 17 AM 8:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000005573**

1. Corporation Name

MAPPY'S SUPPLIES, INC.

Principal Place of Business

**740 OCEAN DRIVE
 MIAMI BEACH FL 33139**

Mailing Address

**940 OCEAN DR
 SUITE 101
 MIAMI BEACH FL 33139
 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



REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida

01/25/1993

5. FEI Number

65-0389481

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	BASABE, FABIAN	740 OCEAN DR	MIAMI BCH FL

**200002915092--5
 -06/25/99--01003--023
 ****900.00 ****900.00**

8. Name and Address of Current Registered Agent

**ALLISON, JOHN R III
 200 S. BISCAYNE BLVD.
 SUITE 4910
 MIAMI FL 33131-5317**

9. Name and Address of New Registered Agent

Name
FABIAN BASABE
 Street Address (P.O. Box Number is Not Acceptable)
940 Ocean DR
 Suite, Apt. #, Etc.

City
MIAMI BEACH State
FL Zip Code
33139

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

Fabian Basabe
 REGISTERED AGENT MUST SIGN

Date **4/28-99**

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 with 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:

Fabian Basabe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28-99
 Date

305 5313500
 Daytime Phone #