

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 DEC -5 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *9920000 10339*

1. Corporation Name

Next Authentic, Inc.

Principal Place of Business

Mailing Address

*334*

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

2. New Principal Office Address, If Applicable

834 S. Ocean Drive

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

33139

Country

USA

3. New Mailing Office Address, If Applicable

834 S. Ocean Drive

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

33139

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/10/93

5. FEI Number

☒

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT *94-97*

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
PSTD	Samuel Anidjar	834 S. Ocean Drive Miami Beach, Fla. 33139	
VD	Etty Anidjar	834 S. Ocean Drive Miami Beach, Fla. 33139	

600002367006--4  
-12/09/97-01068-007  
\*\*\*1253.75 \*\*\*1253.75

*12-97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Michael Chesal

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

Miami Center, Seventeenth Floor

Suite, Apt. #, Etc.

201 South Biscayne Boulevard

City

Miami,

State

FL

Zip Code

33131

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 *12/3/97*

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

*12/3/97*  
Date

*(305) 538-5583*  
Daytime Phone #

CR2E040 (12/95)