

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

98 FEB 25 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P930000/9990 (9)

1. Corporation Name

INTERNATIONAL COOKIES INC.

Principal Place of Business

Mailing Address

5650 STIRLING RD
HOLLYWOOD FL 33021

5650 STIRLING RD
HOLLYWOOD, FL 33021

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

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/93

5. FEI Number

65-0397579

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/S	LEVY ILANA	4051 N. 45th AVE HOLLYWOOD, FL 33021	HOLLYWOOD, FL 33021
D	LEVY RAZI	4051 N. 45th AVE HOLLYWOOD, FL 33021	HOLLYWOOD, FL 33021

REINSTATEMENT

97-98

46 2-26-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVY, ILANA
4051 N. 45th AVE
HOLLYWOOD, FL 33021

Name

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

500002443015--4

Suite, Apt. #, Etc.

02/27/98-01097-004

***900.00 ***900.00

City

State

Zip Code

FL

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

2/23/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAZI LEVY

Date

Daytime Phone #

2/23/98 (35) 963-6130

CR2E040 (1/98)