

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 FEB 28 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 93000235194

1. Corporation Name

MICHAEL D. FARKAS & CO., INC

Principal Place of Business

Mailing Address

1521 ALTON ROAD  
SUITE 73  
MIAMI BEACH, FL. 33139

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

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

9497 00

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

5/13/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0414277

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PRES	MICHAEL D. FARKAS	1521 ALTON ROAD #73	MIAMI BEACH, FL. 33139

200002103402--8  
-03/04/97--01037--006  
\*\*\*1253.75 \*\*\*1253.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

MICHAEL D. FARKAS  
1521 ALTON ROAD #73  
MIAMI BEACH, FL. 33139

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.

Michael D. Farkas

Date 2-24-97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Michael D. Farkas Michael D. Farkas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97

Date

305-673-6921

Daytime Phone #

CR20040 (1/2/96)