

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

10f2

DOCUMENT # **P93000041353**

98 NOV 19 AM 11:20

1. Corporation Name

EBONIST, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2040 TIGERTAIL BLVD
DANIA FL 33004

Mailing Address

2040 TIGERTAIL BLVD
DANIA FL 33004



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

4. Date Incorporated or Qualified To Do Business in Florida

06/11/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0416396

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
D	SANTAMARIA, LUIS	9 MATADOR LN	DAVIE FL 33324
D	MARTIN, ANIBAL <i>no longer with company</i>	902 HOLLYWOOD BLVD	HOLLYWOOD FL 33020
			300002701713--3 -12703798--01061--017 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANTAMARIA, LUIS
2040 TIGERTAIL BLVD
DANIA FL 33004

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 REQUIRED

Date

11/12/98

REGISTERED AGENT MUST SIGN

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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/98 954-926-5566

CR2E040 (6/98)

2 of 2

EBONIST

Design & Fabrication of Fine Furniture
2040 H Tigertail Blvd
Dania, Florida. 33004.
VOICE & FAX 954-926-5566

TRANSMITTAL

Date: 11/17/98

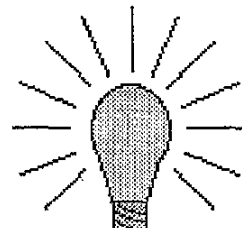
To: SAMMY CALDWELL From: EBONIST

Re: _____

We are sending you specifications for your approval,

Page 1 of ____.

Please call with your comments.



AS ADVICE BY MR SAMMY I'M WRITING THIS LETTER TO TELL
YOU THAT I NEVER RECEIVE THE TWO OTHER LETTERS
THAT WHERE SEND TO ME.

I'M SEND ING YOU THE CHECK FOR \$150. AS REQUESTED BY
MR SAMMY.

Signed: _____