

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000066722

1. Corporation Name

FRAGRANCE UNLIMITED NETWORK, INC.

Principal Place of Business

Mailing Address

8762 SW 133RD STREET
MIAMI FL 33176

8762 SW 133RD STREET
MIAMI FL 33176

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

09/24/1993

SP

5. FEI Number

65-0592464

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 3	City / State / Zip 4
DC	DORSMAN, MICHAEL	8762 SW 133RD STREET	MIAMI FL 33176
DPT	ZADOK, DROR	8762 SW 133RD STREET	MIAMI FL 33176
DS	ZADOK, MIRIAM	8762 SW 133RD STREET	MIAMI FL 33176
DV	DORSMAN, SHARI ARISON	8762 SW 133RD STREET	MIAMI FL 33176
			900004013919--9 -04/17/01--01095--003 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.
2601 S. BAYSHORE DR.
19TH FLOOR
COCONUT GROVE FL 33133

9. Name and Address of New Registered Agent

Name DROR ZADOK		
Street Address (P.O. Box Number is Not Acceptable) 8762 SW 133rd Street		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33176

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

REGISTERED AGENT MUST SIGN
DROR ZADOK

Date

3.01.01

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DROR ZADOK

Date

Daytime Phone #

3.01.01



REINSTATEMENT-00-01