

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

96 DEC -2 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000080571**

1. Corporation Name

DO ALL BUSINESS, INC.

Principal Place of Business

Mailing Address

6250 N ANDREWS AVENUE
SUITE 101B
FT LAUDERDALE FL 33309

11625 NE 2ND AVE.
MIAMI, FL 33161

6250 N ANDREWS AVENUE
SUITE 101B
FT LAUDERDALE FL 33309

11625 NE 2ND AVE
MIAMI, FL 33161



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

11625 NE 2ND AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33161

Country

U.S.A.

3. New Mailing Office Address, If Applicable

11625 NE 2ND AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33161

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1993

5. FEI Number

65-0456513

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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	LIPSYC, HERSCH	6250 N ANDREWS AVE, SUITE 101B 11625 NE 2ND AVENUE	FT LAUDERDALE FL 33309 MIAMI FL 33161
D	LIPSYC, YITSCHOK MEIR	11625 NE 2ND AVENUE	MIAMI FL 33161

200002020212--1
-12/04/96--01120--016
****375.00 ****375.00

JB12-294

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIPSYC, HERSCH

6250 N ANDREWS AVENUE 11625 NE 2ND AVENUE
SUITE 101B MIAMI, FL 33161
FT LAUDERDALE FL 33309

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

Hersch Lipsyc

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/27/96**

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:

Hersch Lipsyc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/27/96**

(305) 893-9944
Daytime Phone #

CR20040 (7/96)