

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC -6 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020710

1. Corporation Name

SUITABLE EXPRESSIONS, INC.

Principal Place of Business

1630 W 32ND PL  
HIALEAH FL 33012  
US

Mailing Address

1630 W 32ND PL  
HIALEAH FL 33012  
US

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

2. New Principal Office Address, If Applicable

3818 NW 32 AVE

3. New Mailing Office Address, If Applicable

3818 NW 32 AVE

Suite, Apt. #, Etc.

Suite, Apt. #, Etc.

City & State

MIA MI FL

City & State

SOMES

Zip

33142

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

TS 03/17/1994

5. FEI Number

05-0476216

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Annual 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	4. City / State / Zip
P	MASH, STEPHEN T	1630 W 32ND PL 3818 NW 32 AVE	MIA MI FL 33142
			300003076603--1
			-12/21/99--01055--025
			*****750.00 *****750.00

8. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name STEPHEN T. MASH  
Street Address (P.O. Box Number is Not Acceptable)  
21530 LAGUNA DRIVE  
Suite, Apt. #, Etc.  
City BOCA RATON State FL Zip Code 33433

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

11/15/99

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]* Stephen T. Mash, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/99

Daytime Phone #