

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 JUN -2 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031401

1. Corporation Name

SHERTMAN DAVID U.S.A., INC.

Principal Place of Business

Mailing Address

**8308 NW 74th Ave.
Medley, FL 33166**

**621 Heritage Dr.
Fort Lauderdale, FL
33326**

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

12/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0504442

Not Applicable

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
P/S/D	HERNAN J. LOPEZ	621 Heritage Dr.	Ft.Lauderdale, FL 33326

000002548120--1

-06/04/98--01093--013

***1050.00 ***1050.00

REINSTATEMENT

96-98

W980000 11489

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HERNAN J. LOPEZ
621 Heritage Dr.
Ft. Lauderdale, FL 33326**

Name

HERNAN J. LOPEZ

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

621 Heritage Dr.

Suite, Apt. #, Etc.

City

Ft.Lauderdale

State

FL

Zip Code

33326

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

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)(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.

[Handwritten Signature]

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hernan J. Lopez, Pres.

05/08/98 (305) 885-3616

Date

Daytime Phone #

CR2E040 (1/98)