

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR **95-96**  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Matham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV 14 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000040301**

1. Corporation Name

**The DS's Booth**

Principal Place of Business

Mailing Address

**114 South Court Avenue  
Orlando, FL 32801**

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**May 24, 1994**  
**59 3248139**

Applied For

Not Applicable

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
<b>P/sec</b>	<b>Alex Steiner</b>	<b>821 N. LAKE DAVIS DRIVE Orlando, FL 32801</b>	<b>Orlando FL 32801</b>
<b>Treas.</b>	<b>Michele Galiziz</b>	<b>821 N. LAKE DAVIS DR</b>	<b>Orlando FL 32801</b>
<b>V.P.</b>			

000002008460-4  
-11/19/96--01140-016  
\*\*\*\*575.00 \*\*\*\*575.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**Alex Steiner  
821 N. LAKE DAVIS DRIVE  
Orlando, FL 32801**

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

**10/1/96**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/1/96**

Date

Daytime Phone #