

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -1 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060386**

1. Corporation Name

REUVEN MASEL IMPORTERS, INC.

Principal Place of Business

15335 W. DIXIE HWY
MIAMI FL 33162

Mailing Address

% REUVEN MASEL
1265 N.E. 171ST TERRACE
NORTH MIAMI BEACH FL 33162

sum as principle

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

08/11/1994

5. FEI Number

65-0524557

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MASEL, REUVEN	1265 N.E. 171ST TERRACE	NORTH MIAMI BEACH FL 33162
D	MASEL, ZIPORA	1265 N.E. 171ST TERRACE	NORTH MIAMI BEACH FL 33162
			100003038601--4
			-11/08/99--01123--009
			****150.00 ****150.00
			Sp

8. Name and Address of Current Registered Agent

MASEL, REUVEN
15335 W DIXIE HWY
MIAMI FL 33162

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

[Signature] **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10/28/99

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] **Reuven Masel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/99

Daytime Phone #

305 9499 080

REUVEN MASEL IMPORTERS, INC.

JUDAIC ART CARDS & GIFT ITEMS
15335 WEST DIXIE HWY. MIAMI, FL 33162
1-800-441-8208 FAX: (305) 949-0680
TELEPHONE: (305) 949-4080

FLORIDA DEPARTMENT OF STATE 10/28/99

DEAR SIRs,

PLEASE ISSUE A ONE TIME WAIVER OF MY PENALTY FEES SINCE I SOLD MY RESIDENCE
IN JAN 99 AT 1265 NE 171 TERRACE NMB.FL AND NEVER RECIEVED YOUR GREEN
APPLICATIONS FOR MY CORPORATE APPLICATION.

I APPRECIATE YOUR HELP

BEST REGARDS
REUVEN MASEL

