

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 OCT 19 AM 7:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008932

1. Corporation Name

PRE AND POST INC.

Principal Place of Business

Mailing Address

(same)

19575 BISCAYNE BLVD. #1499  
AVENTURA, FL 33180

REINSTATEMENT

96-98

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

2-1-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3298259

Applied For

Not Applicable

City & State

City & State

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
D	Nicole Perez	21000 NE 18th Ct.	North Miami Beach, FL 33179
D	Diane Azout	20209 W Oak Haven Circle	North Miami Beach, FL 33179

200002669382-8  
-10/21/98--01070-019  
\*\*\*1058.75 \*\*\*1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KTG & S Registered Agent Corp.  
1401 Brickell Ave #700  
Miami, FL 33131

Name  
Royale Management Services Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
2319 N Andrews Ave  
Suite, Apt. #, Etc.  
City  
Fort Lauderdale  
State  
FL  
Zip Code  
33311

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

Theresa J. [Signature] sec/area  
REGISTERED AGENT MUST SIGN

Date 10/12/98

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-98

Date

Daytime Phone #

CR2E040 (1/98)