

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -9 PM 4:26

DOCUMENT # P95000008932

1. Corporation Name

PRE AND POST, INC.

Principal Place of Business

19575
1957 BISCAYNE BLVD.
#1499
AVENTURA FL 33180

Mailing Address

19575
1957 BISCAYNE BLVD.
#1499
AVENTURA FL 33180

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

2. New Principal Office Address, If Applicable

~~19575~~ 19575 Biscayne Blvd

Suite, Apt. #, etc.

1499

City & State

AVENTURA, FL

Zip

33180

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

Date Incorporated or Qualified
To Do Business in Florida

01/30/1995

5. FEI Number

59-3298259

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	PEREZ, NICOLE	21000 NE 18TH CT	NORTH MIAMI BEACH FL 33179
D	AZOUT, DIANE	20209 W. OAK HAVEN CIRCLE	NORTH MIAMI BEACH FL 33179

6000003480426-4
-11/30/00--01007--013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

ROYALE MANAGEMENT SERVICES, INC.
3219 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name

Berenfeld Smith, Shela and Shou

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

9655 South Dixie Highway, Third Floor

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/6/00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 30/2000 (305) 935505

Daytime Phone #

CR2E040 (8/00)