

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 21 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000018621**

1. Corporation Name

AMERICAN SNEAKERS, INC.

Principal Place of Business

4846 N. UNIVERSITY DRIVE
STE 318
LAUDERHILL FL 33351
US

Mailing Address

4846 N. UNIVERSITY DRIVE
STE 318
LAUDERHILL FL 33351
US

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

03/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0619389

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	BENCHIMOL, MAHBOUB	1802 N. UNIVERSITY DRIVE	PLANTATION FL 33322

000003032160--8
-11/02/99--01044--022
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENCHIMOL, MAHBOUB
1802 N. UNIVERSITY DRIVE
PLANTATION FL 33322

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

10-14/99

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]
BENCHIMOL, MAHBOUB
10/14/99

4846 N UNIVERSITY DR
SUITE 318
LAUDERHILL FL 33322
TEL:954-473-19 84
FAX:954-473-50 67

2
**AMERICAN
SNEAKERS INC.**

Fax

To: MRS TAMI

From: MR BENCHIMOL

Fax:

Pages:

Phone:

Date: October 19, 1999

Re: your faxes 10/05/99

CC:

☒ **Urgent**

☐ **For Review**

☐ **Please Comment**

☒ **Please Reply**

• **Comments:** Dear Miss,

Following your mail we are surprised that you never receive our mail in may with a check of USD 150 check number 1228 ,this was never clear in our bank account and no mail was returned to us .We was surprised when we receive the form asking for \$600.00 for reinstatement since we know that is mandatory to field every year this report we never forget to send it on time. We ask you please to accept again the form and new replacement check for the amount \$150.00 we thank you in advance for your help regarding this matter.

Sincerely,

form +check send certified mail