

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

02 FEB 19 AM 9:16

DOCUMENT # P 950000 28739

1. Corporation Name

Say-mall & Plaza s INC

800005022548--3

-02/27/02--01009--013

\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

530 E 76th St

Suite, Apt. #, etc.

21 H

3. Mailing Office Address

City & State

NY, N.Y. State

Zip

10021

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/11/95

5. FEI Number

650627011

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Jay Pirincci

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

301 174th Street

Suite, Apt. #, Etc.

Apt. 914

City

Sunny Isles

State

FL

Zip Code

33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/26/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of  
Officers and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

P

Pirincci Jay

530 E 76th St 21H

NYC NY 10021

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/2/02

Daytime Phone #

212-717-9251

CR2E081 (9/00)

Division of Corps.

REF: P95000028739

Please abate the reinstatement fee  
Since I never received the corporation  
~~forms Packet at my address:~~ This is my  
4 letter sending this information to you  
I'm also enclosing this years \$150 as well.

Say Pinner

212-717-9251

---