

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

DOCUMENT # P95000028878

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1. Corporation Name

DONALD J. PLINER CONCEPTS, INC.

Principal Place of Business

16485 COLLINS AVENUE
NO. 2725
MIAMI BEACH FL

Mailing Address

C/O DANZIGER & COMPANY
1430 BROADWAY, #1107
NEW YORK NY 10018



REINSTATEMENT

FLOR

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

2. New Principal Office Address, If Applicable
9601 COLLINS AVE

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1995

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

5. FEI Number

65-0861095

Applied For

Not Applicable

City & State

BAL HARBOUR, FL

City & State

Zip

33154

Country

USA

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	PLINER, DONALD J	16485 COLLINS AVE, NO. 2725 9601 COLLINS AVE, #303	MIAMI BEACH FL BAL HARBOUR, FL 33154
V	DANZIGER, CARL R	3 FAR HILL LANE #303	PLEASANTVILLE NY 10570
			400003455934--0 -11/07/00--01113--012 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PLINER, DONALD J

~~16445 COLLINS AVE~~

~~#2725~~

MIAMI BEACH FL 33160

Name

PLINER, DONALD J

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

9601 COLLINS AVE

Suite, Apt. #, Etc.

303

City

BAL HARBOUR

State

FL

Zip Code

33154

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]

REGISTERED AGENT MUST SIGN

Date

10/6/00

AD

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl R. Danzig

Date

10/6/2000

Daytime Phone #

212-674-0500