

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR 96-97
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JUL 31 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P950000 31059*

1. Corporation Name

. SEIZE AU SOLEIL, INC.

~~W99-116837~~

Principal Place of Business

inactive

Mailing Address

405 Park Avenue (Suite 801)
New York, New York 10022-4405

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

405 Park Avenue (Suite 801)

4. Date Incorporated or Qualified
To Do Business in Florida

April 20, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2182779

Applied For

Not Applicable

City & State

New York, New York

Zip

Country

Zip

10022-4405

Country

USA

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Michel Quiniou	99, rue de Rennes	75006 Paris FRANCE
S	Elliott Burko	405 Park Avenue (Suite 801)	New York, NY 10022-4405
			400002258724--B -08/05/97--01114--007 ****923.75 ****923.75

REINSTATEMENT

96-97

G. Alan

7/31/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Claudine Faifer
620 N.W. 214 th Street (S. 201)
Miami, Florida 33169

Name
Barry J. Kaplan

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

9853 N.W. 14th Court

Suite, Apt. #, Etc.

City Coral Springs

State
FL

Zip Code
33065

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 *6/30/97*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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

Elliott J. Burko, Corporate Secretary

Date

Daytime Phone #

7/26/97 (212) 838-1937

CR2040 (12/96)