

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

65-0575523

1997 NOV 14 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031173

1. Corporation Name

MICA MASTERS OF POMPANO, INC.

Principal Place of Business

3855 N.E. 12TH AVENUE
POMPANO FL 33064

Mailing Address

3855 N.E. 12TH AVENUE
POMPANO FL 33064



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1995

5. FEI Number

65-0575523

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GERVENA, ROBIN	3855 N.E. 12TH AVENUE	POMPANO FL 33064
	Stevenson, Bruce		
P	STEVENSON, Bruce	3855 NE 12th Ave	Pompano Beach, FL 33064

800002350478-2
11/18/97-01054-004
***915.00 ***915.00

REINSTATEMENT

96-97
260
11/14/97

8. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name BRUCE STEVENSON
Street Address (P.O. Box Number is Not Acceptable)
3859 NE 12th Ave
Suite, Apt. #, Etc. Pompano Bch 71A
City Pompano Beach State FL Zip Code 33064

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

11/10/97

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

BRUCE STEVENSON

Date

11/10/97 954 782-6011

Daytime Phone #

CP2E040 (7/96)