

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

96 DEC 12 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000034496

1. Corporation Name  
TOBITO'S BEEPER, INC.

Principal Place of Business Mailing Address

159 Northeast 54 Street

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida  
May 3, 1995

Suite, Apt. #, etc.  
Suite 4

Suite, Apt. #, etc.

5. FEI Number  
65-0580006

Applied For  
Not Applicable

City & State  
Miami, Florida

City & State

Zip  
33137

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P,S,T,D	Tobic Edouard	2243 Northwest 171 Terrace	Carol City, Florida 33169
			000002035540--0
			-12/20/96--01108--001
			****375.00 ****375.00

REINSTATEMENT

1996  
A. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER, CHARTERED  
343 Almeria Avenue,  
Coral Gables, Florida 33134

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

BY:

VICE-PRESIDENT

Date December 11, 1996

Nature of Agent MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

December 11, 1996 (305)754-5457

Date Daytime Phone #

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **Reinstatement APPROVED AND FILED**

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

1996 DEC 18 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000034690 (4)**

1. Corporation Name

**GREENWICH INVESTMENTS HOLDING, INC.**



Principal Place of Business  
**6585 DILLMAN ROAD EXTENSION  
W. PALM BEACH FL 33413**

Mailing Address  
**P.O. BOX 15255  
W. PALM BEACH FL 33416**

3. Date Incorporated or Qualified **05/03/1995** 3a. Date of Last Report

2. Principal Place of Business  
21 **500 Australian Ave**  
Suite, Apt. #, etc.  
22 **Suite 110 Box 134**  
City & State  
23 **West Palm Beach FL**  
Zip  
24 **33401** Country  
25 **USA**  
2a. Mailing Address  
26 **500 Australian Ave**  
Suite, Apt. #, etc.  
27 **Suite 110 Box 134**  
City & State  
28 **West Palm Beach FL**  
Zip  
29 **33401** Country  
30 **USA**

4. FEI Number **65-582939** Applied For  
Not Applicable  
5. Certificate of Status Desired **ID** \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name **HARALD DUDE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**500 Australian Ave**  
83 **Suite 110 Box 134**  
84 City **West Palm Beach** FL 85 Zip Code **33401**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

**HARALD DUDE**

**1/15/96**

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DUDE, HARALD</b>	
STREET ADDRESS	<b>6585 DILLMAN ROAD EXTENSION</b>	
CITY - ST - ZIP	<b>W. PALM BEACH FL 33413</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>500 Australian Suite 100 Box 134</b>
1.4 CITY - ST - ZIP	<b>WEST PALM BEACH, FL 33401</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>REINSTATEMENT</b>
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>600002033546--3</b>
4.4 CITY - ST - ZIP	<b>-12/19/96--01032--018</b>
5.1 TITLE	<b>***383.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

**HARALD DUDE**

**1/15/96**

**407 683-4795**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)