PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 24 AM 9:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000044264

1 Corporation Name

PROFFITT & POWERS INC. OF FLORIDA

Principal Place of Business	Mailing Address
C/O MORTON ZEMEL ESQ. 7301A PALMETTO PARK RD SUITE 305C BOCA RATON FL 33433	C/O MORTON ZEMEL ESQ. 7301A PALMETTO PARK RD SUITE 305C BOCA RATON FL 33433

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

REINSTATEMENT

2 New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc 7154 N. University #144	Suite, Apt. #, etc. Suite 144
City & State Tamarac FL	City & State Tamarac FL
Zip 33321 Country USA	Zip 33321 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/08/1995

5. FEI Number: 650598983 ☐ 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)

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
Pres	Steven Katz	7154 N. University Dr. #144	Tamarac, FL 33321

100002033777--4
-12/27/96--01036--023
****375.00 ****375.00

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name: Steve Katz
Street Address (P.O. Box Number is Not Acceptable): 3630 NW 88th Way
Suite, Apt. #, Etc.: 102
City: Sunrise State: FL Zip Code: 33351

CR2E040 (7/96)

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: Steve Katz Date:
REGISTERED 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 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: Steve Katz — Steve Katz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 572-9780
Daytime Phone #

0065749 AF