

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathryn Morris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 13 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000047512

1. Corporation Name

SUPREME AMUSEMENT, INC.

Principal Place of Business

Mailing Address

1348 WASHINGTON AVE SUITE 170
MIAMI BEACH FL 33139

1348 WASHINGTON AVE SUITE 170
MIAMI BEACH FL 33139

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

06/15/1995

5. FEI Number

65-0587341

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	4 City / State / Zip
D	ZABIHI, REFAEL	1348 WASHINGTON AVE. STE 170	MIAMI BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZABIHI, RAFAEL
1348 WASHINGTON AVE SUITE 170
MIAMI BEACH FL 33139

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

REGISTERED AGENT MUST SIGN

Date 12/4/95

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25040 (9/99)

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Supreme Amusement Inc

1348 Washington Ave Miami Beach Fl 33139

Katherine Harris
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee Fl 32314-6327

December 6, 1999

Dear Dear Sir/Madam:

I am writing to you regarding the Corporation name Supreme Amusement Inc. Document #P95000047512. We received your Dissolution Certificate advising that we had failed to file the 1999 Annual report. On Thursday, December 1, 1999 we spoke on the phone to one of your representatives and it was confirmed that there was an oversight at your offices and that we had actually filed and paid the applicable fees. The amendment we wanted to add was also sent to you a while ago.

As a result of that phone call we were advised to send this letter requesting that we be reinstated and the fees be waved. We appreciate your every consideration.

Sincerely,


Refael Zabihi
President