

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P950000 60449

1. Corporation Name
SOUTH FLORIDA LEATHER INC

Principal Place of Business Mailing Address
1721 NORTH POWERLINE ROAD
POMPA NO BEACH FL. 33069

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

2. New Principal Office Address, If Applicable
MIGLIACCIO PETER
Suite, Apt. #, etc.
1721 N. POWERLINE RD
City & State
Pompano Beach FL
Zip
33069 Country
USA

3. New Mailing Office Address, If Applicable
1721 N. POWERLINE RD
Suite, Apt. #, etc.
Box 1721
City & State
Pompano Beach FL
Zip
33069 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 8/4/95
5. FEI Number 650601431
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

100002678831--4
-11/03/98--01030--021
****250.00 ****250.00

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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
PRES	PETER MIGLIACCIO	1721 N. POWERLINE ROAD Pompano Beach FL.	Pompano Beach FL. 33069

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****500.00 ****500.00

8. Name and Address of Current Registered Agent

PETER MIGLIACCIO
1721 N. POWERLINE RD
Pompano Beach FL.

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 Date 10/28/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: PETER MIGLIACCIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/28/98 9742377
Daytime Phone #

CR2040 (1/88)