

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000079315**

1. Corporation Name

**FABULOUS HANDPRINTS OF FLORIDA, INC.**

Principal Place of Business

811 NORTH FEDERAL HWY  
HALLANDALE FL 33009  
US

Mailing Address

811 NORTH FEDERAL HWY  
HALLANDALE FL 33009  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/1995

5. FEI Number

65-0613266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 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 3	City / State / Zip 4
DP	SHAPIRO, JOSEPH	504 CASCADE FALLS DR.	WESTON FL 33327
			200005080872--2 -03/11/02--01061--012 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

SHAPIRO, JOSEPH  
1270 SORRENTO DR  
FT LAUDERDALE FL 33326

9. Name and Address of New Registered Agent

Name

SHAPIRO, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)

504 CASCADE FALLS DR

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

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

2/27/02

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

JOSEPH M. SHAPIRO

Date

2/27/02

Daytime Phone #

954-458-1444

CR2E040 (8/01)