

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000084180

1. Corporation Name

DAZZLES, INC.

FILED

00 OCT 19 AM 10: 02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

~~10000 SE 47 ST~~ 816 E. Las Olas Blvd  
FT LAUDERDALE FL ~~33016~~  
US 33301

~~10000 SE 47 ST~~ 816 E. Las Olas Blvd  
FT LAUDERDALE FL ~~33016~~ 33301  
US



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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/1995

Suite, Apt. #, etc.

816 E. Las Olas Blvd

Suite, Apt. #, etc.

816 E. Las Olas Blvd

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

33301

Country

FL

Zip

33301

Country

FL

5. FEI Number

65-0615936

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
VP	MOCCIA, JOHN PAUL	2580 NW 80 AVE	MARGATE FL 33063
S	STERLING, LUCY	5163 NW 51 AVE	COCONUT CREEK FL 33073
			900003446909--9 -11/01/00--01053--013 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALKER, HORATIO  
5163 N.W. 51ST AVENUE  
COCONUT CREEK FL 33073

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

*Horatio Walker*  
REGISTERED AGENT MUST SIGN

Date

10/17/00

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:

*John Paul Moccia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/00

Daytime Phone #

954-525-0500

KE

CR2ED40 (8/00)