

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

APPROVED
AND
FILED

98 JUN -8 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000010676

1. Corporation Name

Alarming Wallets, Inc.

Principal Place of Business

Mailing Address

12801 W. Sunrise Blvd., 102-E
Sunrise, FL 33323

12756 N.W. 15 Street
Sunrise, FL 33323

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

2-2-96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0637625

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P.O.	Fhima, Shimon	12756 N.W. 15 Street	Sunrise, FL 33323
			000002557180--3
			-06/11/98--01092--005
			****315.00 ****315.00
			8/6/10

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Fhima, Shimon
12756 N.W. 15 Street
Sunrise, FL 33323

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 6-3-98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-3-98 954-851-9999

CR2E040 (1/98)

David Torchin, C.P.A., P.A.

Certified Public Accountant

8211 West Broward Boulevard, Suite 200
Plantation, Florida 33324
phone: (954) 472-3124
facsimile: (954) 472-0067

a professional association

June 3, 1998.

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Re: Alarming Wallets, Inc.
P96000010676

Dear Sir or Madam:

Enclosed you will find an Application for Reinstatement for Alarming Wallets, Inc. along with a check for \$315.00.

Your records should show that all of the mail that you sent to my client's physical address was returned as undeliverable. The shopping mall that he operates in does not have any system to allow him, being that he sells merchandise from a cart, to receive mail there.

Unfortunately, this situation was an oversight when my client listed his physical address as his mailing address.

Very Truly Yours,



David Torchin, C.P.A.