

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P96000011553

1. Corporation Name
PUNCH, INC.

Principal Place of Business
**223 WORTH AVENUE
PALM BEACH FL 33480**

Mailing Address
**223 WORTH AVENUE
PALM BEACH FL 33480**

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

2. New Principal Office Address, If Applicable
132 Spring ST.

City & State
NEW YORK, NY.
Zip
10012 County

3. New Mailing Office Address, If Applicable
132 Spring ST.

City & State
NEW YORK, NY.
Zip
10012 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida
02/06/1996

5. FEI Number
65-0638761 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DALLAS DE LAVILLE, STEFANI	336 PLAZA REAL, MINZER PARK	BOCA RATON FL 33432
D	Dallas De Laville Stefani	120 NW 7th St	Boca Raton FL 33432
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8. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD, Inc.
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301

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

[Signature] Asst. Sec.
REGISTERED AGENT MUST SIGN

Date **12/5/97**

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)(l), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11- 13-97 (212)625-0322
Date Daytime Phone #

CP2E040 (8/97)