

INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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9-7-99 AR
 APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

9 MAR 18 PM 4:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

500002814225--0
 -03/22/99--01140--015
 *****450.00 *****450.00

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 -03/22/99--01140--015
 *****15.00 *****15.00

DOCUMENT # **P96000016368**

1 Corporation Name
C.S.I.R. ENTERPRISES OF FLORIDA, INC.

Principal Place of Business Mailing Address
5410 SOUTHWEST 25TH AVENUE SAME
FT. LAUDERDALE, FL 33312

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

2 New Principal Office Address, If Applicable
1100 LEE WAGENER BLVD.
 Suite, Apt. #, etc.
323
 City & State
FT. LAUDERDALE, FLORIDA
 Zip Country
33315 U.S.

3 New Mailing Office Address, If Applicable
C/O SEYMOUR SCHLESSEL
 Suite, Apt. #, etc.
RM 1405 225 W. 34th ST.
 City & State
NEW YORK, NY
 Zip Country
10122 U.S.

4 Date Incorporated or Qualified To Do Business in Florida
2/22/97

5 FEI Number
65-0642091

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
PRES	SEYMOUR M. SCHLESSEL	1114 FORDHAM LANE	WOODMERE, NY 11598
V.P.	ELLIOT FEINERMAN	987 EAST END	WOODMERE, NY 11598
SECY/TREAS	SHARON HERZBERG	1044 HAZEL PLACE	WOODMERE, NY 11598

8. Name and Address of Current Registered Agent

AmeriLawyer Chartered
343 Almeria Avenue
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent

Name
Spiegel & Utrera, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
 Suite, Apt. #, Etc.
 City
Coral Gables
 State Zip Code
FL 33134

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 By: **Natalia Utrera, Vice-President**
 REGISTERED AGENT MUST SIGN

Date **2/26/99**

11 This corporation owes 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 I made 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., all taxes 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)(j), 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: **Seymour M. Schlessel**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Seymour M. Schlessel - President

2/17/99 1800 984 6017
 Date Daytime Phone #

CR2E08-112 983

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**C.S.I.R. ENTERPRISES OF FLORIDA, INC.
JET CENTER
1100 LEE WAGENER BLVD.
FT. LAUDERDALE, FL 33315**

TEL: 800-984-6017

FAX: 800-984-6018

February 17, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
ATTN: K. Hyman

Per my recent discussion with you, it has come to our attention that this corporation has been desolved as or September 1997 because we never submitted any reporting forms. We never received any reporting forms to submit. This being the case, you advised that the \$600 reinstatement fee would be waived. We are therefore enclosing a check in the amount of \$450 (\$1050 less \$600).

Please reinstate this corporation. Thank you.

Sincerely yours,



Seymour M. Schlessel