

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 10 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000020939

1. Corporation Name

MODELS MANAGEMENT GROUP, INC.

2. Principal Office Address

846 Lincoln Road

Suite, Apt. #, etc.

Penthouse 7

City & State

Miami Beach, Florida

Zip

33139

Country

USA

3. Mailing Office Address

846 Lincoln Road

Suite, Apt. #, etc.

Penthouse 7

City & State

Miami Beach, Florida

Zip

33139

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/06/96

5. FEI Number

650652775

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bruce M. Boiko, Esq.

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

80 SW 8th Street

Suite, Apt. #, Etc.

Suite 1920

City

Miami

State

FL

Zip Code

33130

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/22/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of  
Officers and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

DPST Fuller, Jeffrey 846 Lincoln Road, PH7 Miami Beach, FL 33139

10. 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

12-6-02

Date

305-672-8300

Daytime Phone #

CR2E081 (9/01)

# HERZFELD & RUBIN

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80 S.W. 8<sup>TH</sup> STREET, SUITE 1920  
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## OF COUNSEL

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November 18, 2002

Mr. Jim Smith, Secretary of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Models Management Group, Inc.  
No. P96000020939  
FEI No. 650652775

ENCLOSURE

Dear Mr. Smith:

This letter is to inform you that Models Management Group, Inc. never received the annual report form to file. Enclosed please find the Application for Reinstatement as well as a check in the amount of \$150.00 for the filing fee. For your records the correct mailing address for Models Management Group, Inc. is:

Models Management Group, Inc.  
846 Lincoln Road  
Penthouse 7  
Miami Beach, FL 33139

Should you have any questions or concerns please do not hesitate to contact me.

Very truly yours,

**HERZFELD & RUBIN**

Bruce M. Boiko

BMB/pb

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NEW JERSEY OFFICE  
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