

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
B. Morham
Secretary of State
DIVISION OF CORPORATIONS

98-99 AIR

DOCUMENT # 996000065664
1. Corporation Name
NORRIS INDUSTRIES OF DADE COUNTY,
FLORIDA, INC.

Principal Place of Business Mailing Address
710 COCO PLUM CIRCLE #5
PLANTATION, FLORIDA 33324

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 8/1/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0685209	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	CRISTINE FEINBERG	710 COCO PLUM CIRCLE	PLANTATION FLORIDA 33324
			300002774203--7
			-02/12/99--01071--015
			****300.00 ****300.00
			2-12-99

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BENNETT, JOSHUA ESQUIRE FIRST UNION FINANCIAL CENTER 200 S. BISCAYNE BLVD, SUITE 1050 MIAMI FL 33134 2394		Name CRISTINE FEINBERG Street Address (P.O. Box Number is Not Acceptable) 710 COCO PLUM CIRCLE Suite, Apt. # Etc. #5 City PLANTATION State FL Zip Code 33324	

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 Cristine Feinberg Date 2-3-99
REGISTERED AGENT MUST SIGN

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 Cristine Feinberg 2/3/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Norcris Industries of Dade
County, Florida, Inc.**

710 Coco Plum Circle #5
Plantation, FL 33324

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January 27, 1999

Division of Corporations
Attn: Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

As per our telephone conversation on January 26, 1999, I am enclosing a check in the amount of \$300.00 to cover annual report fees for 1998 and 1999. I explained that the address on your records had changed, and the corporation received no annual report packages or notices of delinquency. The correct address is 710 Coco Plum Circle #5, Plantation, FL 33324.

Thank you for abating the reinstatement fee of \$600.00, and please be assured that all future filings will be made on a timely basis.

Sincerely,

Cristine Feinberg

Cristine Feinberg
President