

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

1997 NOV 24 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000104512

1. Corporation Name
PAUL MCRAE, INC.

Principal Place of Business
**416 ISLE OF CAPRI
FORT LAUDERDALE FL 33301**

Mailing Address
**416 ISLE OF CAPRI
FORT LAUDERDALE FL 33301**



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 12/31/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 75-0720441	
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
Pres	Paul McRae	416 Isle of Capri	Fort Lauderdale, FL 33301
			100002358131--6 -11726797--01088--016 ****750.00 ****750.00

REINSTATEMENT

11/18/97

8. Name and Address of Current Registered Agent

**WORLDWIDE CORPORATE SERVICES, INC.
ONE FINANCIAL PLAZA
SUITE 2628
FORT LAUDERDALE FL 33301**

9. Name and Address of New Registered Agent

Name **Paul A. McRae**
Street Address (P.O. Box Number is Not Acceptable)
416 Isle of Capri
Suite, Apt. #, Etc.
Fort Lauderdale, FL
City
State **FL** Zip Code **33301**

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 **Paul A. McRae**
REGISTERED AGENT MUST SIGN

Date **11/18/97**

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)(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: **Paul A. McRae**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/18/97** Daytime Phone # **462-7233**

CR2E040 (8/97)