

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 21 PM 12:37

DOCUMENT # P97000018648

Corporation Name

ONSHOPPING, INC.

Principal Office of Business

25 CAMPANA AVE

CORAL GABLES FL, 33156

Mailing Address

325 CAMPANA AVE

CORAL GABLES FL, 33156

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

New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

Country

REINSTATEMENT 98-00

4. Date Incorporated or Qualified  
To Do Business in Florida

02/24/1997

5. FEI Number

65-0729467

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

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

HAN, FABIANA M.

325 CAMPANA AVE

CORAL GABLES FL, 33156

000003342750--1

-08/01/00--01087--010

\*\*\*\*\*500.00 \*\*\*\*\*500.00

000003342750--1

-08/01/00--01087--012

\*\*\*\*\*50.00 \*\*\*\*\*50.00

000003342750--1

-08/01/00--01087--011

\*\*\*\*\*500.00 \*\*\*\*\*500.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

HAN, YOUNG

325 CAMPANA AVE

CORAL GABLES FL, 33156

9. Name and Address of New Registered Agent

Name

HAN, FABIANA M.

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

325 CAMPANA AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33156

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

Agent x fabiana M. Han

REGISTERED AGENT MUST SIGN

Date 7/19/00

1. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

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: x fabiana M. Han  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/00

Date

305-436-0208

Daytime Phone #

CR2E040 (12/96)