

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 22 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000022200

1. Corporation Name

IF THE PLANET HAD AN ADDRESS, INC.

2. Principal Office Address

1191 N.W. 100TH WAY

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33322

Country

USA

3. Mailing Office Address

1191 N.W. 100TH WAY

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33322

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida 3/6/1997

5. FEI Number

65-0768656

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

SHERMAN, THOMAS G.

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

218 ALMERIA AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

200003156372-7

-03/03/00--01033--031

****350.00 ****350.00

200003156372-7

-03/03/00--01033--032

FL ****400.00 ****400.00

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

Tom Sherman
REGISTERED AGENT MUST SIGN

Date

2/9/2000

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
D	GROSSMAN, LAUREN	1191 N.W. 100TH WAY	PLANTATION, FL 33322

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:

Lauren Grossman / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-30-00

Daytime Phone #

954 926 6607

CR2E081 (9/99)