

**APPLICATION
FOR
REINSTATEMENT**

FILED
DO NOT WRITE IN THIS SPACE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 2:13

1. Name and Mailing Address of Corporation: DOCUMENT #

P97000039928
MIAMI WATCH, INC.
245 SE 17th ST #220
MIAMI FLORIDA 33131

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

MAILING ADDRESS

3899 NW 7th St #203

ADDRESS MIAMI Florida

City and State
33126
Zip Code

3 Date incorporated or qualified
To do business in Florida

05-05-1997

4. FEINUTOP

65-861597

FEI Number Assigned For

FBI Number Not Applicable

5. **\$8.75** Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

5. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
PST	SALIM, WALIO	3899 NW 7th St # 203	Miami, Fla. 33126

REINSTATEMENT 98-DD

REINSTATEMENT 98-00

REGISTERED AGENT INFORMATION

2. Name and Address of New Registered Agent and/or Office

7. Name and Address of Current Registered Agent

NETS

SALIM, WALID.
3899 NW 7TH ST. #203
MIAMI, FLA 33126

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT use P.O. Box Number)

City and State

FL

20

2. 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

Yahel Salem
Deputy Secretary

REGISTERED AGENT MUST SIGN

Date 10-3-00

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. 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 initiative 12.)

12. I certify that I am an officer or director or the secretary or trustee empowered to execute this application as provided for in Chapter 507 or 617, P.S. I further certify that when filing this application I have provided the reasons for distribution has been eliminated, the corporate name satisfies the requirements of section 607.04(a), P.S., and that all taxes owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall remain on file with the Department of Revenue.

Signature of
Officer or Director

Walter Salens

Date 10-3-00

Daytime Phone # 305-541398

Typed or printed name of signing officer or executor

800000055765. 2

AD

**Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State**

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To:
Division of Corporations
Fax Number : (850) 922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

MIAMI WATCH, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,058.75