

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 AUG 31 PM 12: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000051614

1. Corporation Name

WORLD ART FACTORY OUTLET, INC.

2. Principal Office Address

12801 W. Sunrise Blvd,

Suite, Apt. #, etc.
611

City & State
Sunrise, FL

Zip
33323 Country
USA

3. Mailing Office Address

100 S.E. 2 St.

Suite, Apt. #, etc.
2100

City & State
Miami, FL

Zip
33131 Country
USA

REINSTATEMENT

99-00

**4. Date Incorporated or Qualified
To Do Business in Florida** 6/10/97

SP

5. FEI Number
65-0761097

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

YARON LEVY

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

12801 W. Sunrise Boulevard

Suite, Apt. #, Etc.

611

City
Sunrise, FL

State
FL Zip Code
33323

100003389871--8
-09/12/00-01050-009
900.00-900.00

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

REGISTERED AGENT MUST SIGN

Date

8-29-00

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
P	YARON LEVY	12801 W. Sunrise Boulevard Suite 611	Sunrise, FL 33323

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

829-00

(954) 846-1090

CR2E081 (9/99)