

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000056600**

1. Corporation Name

FLESHSTONE MIAMI, INC.

Principal Place of Business

280 ESPANOLA WAY
MIAMI FL 33139

Mailing Address

280 ESPANOLA WAY
MIAMI FL 33139

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/1997

5. FEI Number

65-0779640

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
P	TAUBMAN, ERIC	381 CLMTON ST.	BROOKLYN NY
S	HAGENDORF, SCOTT	165 PERRY ST. 527 HUDSON ST.	NEW YORK NY 10014
VR	TIWARI, NAVIN	90-66 202 STREET	HOLLIS, NY 11423

500004743035--S
-12/28/01--01074--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

BOTWINICK, RANDY
1130 NE 125 ST
N. MIAMI FL 33161

TEL # (305) 895-5700

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/7/01

11. 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:

Navin Tiwari
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-04-01 212-253-2200

CR2ED40 (8/01)

f
m

Date: Dec.04th, 2001

Florida Department of State
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314 – 6327

RE: FEI # 65 – 0779640

Dear Sir/Madam,

Your application for Reinstatement for the above Corporation was received.

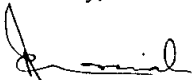
Unfortunately, for some unknown reason we never received the original renewal application.

I have spoken to a representative from your office and was advised to write a letter to confirm this.

The attached application is completed and a check made payable to Department of State for the amount of \$150.00 is enclosed.

Thank you for your assistance in resolving this matter.

Sincerely,



Sydney Erriah
Controller