

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 MAR 13 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000066150

1. Corporation Name

L&Z ASSOCIATES OF SOUTH FLORIDA, INC.

2. Principal Office Address

246 West 38th St.

Suite, Apt. #, etc.

7th Floor

City & State

New York, NY 10018

Zip

10018

Country

3. Mailing Office Address

246 West 38th Street

Suite, Apt. #, etc.

7th Floor

City & State

New York, NY

Zip

10018

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 28, 1997

5. FEI Number

Applied For

Not Applicable

Application pending

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph Zalter

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

20281 East Country Club Drive

Suite, Apt. #, Etc.

Suite 1514

City

Aventura

State

FL

Zip Code

33180

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

Joseph Zalter

REGISTERED AGENT MUST SIGN

Date 02/28/00

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
Pres.	Robert Lidz	137 East 36Th St. -11F	New York, NY 10016
Dir.	Joseph Zalter	20281 East Country Club Dr.	Aventura, FL 33180
Dir.	Roy Katz	C/O AGH Trim Source, 229	West 36Th St., NY, NY 10011
Dir.	David Finkelstein	Same address	
Dir.	David German	Same Address	

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

2/28/00

212-768-7090

Daytime Phone #

CR2E081 (9/99)