

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 28 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000049729**

1. Corporation Name

AMERICAN BAR, INC.

Principal Place of Business

Mailing Address

**513 FLEMING STREET #4
KEY WEST FL 33040**

**513 FLEMING STREET #4
KEY WEST FL 33040**

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

2. Old Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1998

5. FEI Number

041-68-6573 / 43

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$875. Aditional 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
PVD	KAVOURA, DIMITRI	513 FLEMING STREET #4	KEY WEST FL 33040
STD	HALPERN, MICHAEL	208 DUVAL STREET	KEY WEST FL 33040

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**KAVOURA, DIMITRI
513 FLEMING STREET #4
KEY WEST FL 33040**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **10/25/99**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/99

Date

305-296-4086

Daytime Phone #

CR2000 (8/99)

KE

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**AMERICAN BAR, INC.
PO BOX 308
KEY WEST, FL 33041
305-296-4086
305-295-0690 (fax)**

October 26, 1999

Annual Report Filings
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am submitting the 1999 Annual Report reinstatement package without a check per Michelle Milligan at your office. I explained to her that we never received a letter of revocation and that our original check was cashed. She explained that it was returned because there was no FEI number on it, but to return this package with the number and we will be reinstated, without penalty. Please send us a Certificate of Status as the \$8.75 was enclosed with the original package.

I am sorry about the misunderstanding. Please contact our office if you have any questions or need additional information.

Sincerely,

Michael Spirnak

Michael Spirnak
Office Manager