

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P98000070456

1. Corporation Name

PLAYNATION PLAY SYSTEMS OF SOUTH FLORIDA, INC.

Principal Place of Business

1946 TIGERTAIL BLVD.
DANIA FL 33004

Mailing Address

1946 TIGERTAIL BLVD.
DANIA FL 33004



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

08/12/1998

5. FEI Number

65-0857207

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BIGIO, FABIOLA E	1946 TIGERTAIL BLVD.	DANIA FL 33004
SD	ABOUCHITA, ELIBRAHIMR	1946 TIGERTAIL BLVD.	DANIA FL 33004
			600003487396--2 -12/05/00--01047--005 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

ELIBRAHIMI, ABOUCHITA
1946 TIGER TAIL BLVD.
DANIA FL 33104

9. Name and Address of New Registered Agent

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

[Signature] SIGNATURE REQUIRED

Date 10/11/00

REGISTERED AGENT MUST SIGN

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] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ABOUCHITA ELIBRAHIMI

954-9274611

H.N. "SKIP" TURCHEN, C.P.A., P.A.
Certified Public Accountant

Member of: American Institute of CPA's
Florida Institute of CPA's

PG80000 70456

November 9, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Re: Playnation Play Systems of South Florida Inc.

To whom it May concern,

My client, referenced above, has asked me to contact your office concerning the filing of 2000 annual report. The President has attached a check for \$150 for the basic fee. I feel that there is reasonable cause for you to abate the reinstatement fee of \$600. The President has indicated that he never received the original form, and stated that he is a new corporation, unfamiliar with the annual filing requirements. Had he received the original form. I am sure he would have contacted me and about the purpose of the form and the importance of timely filing. I believe under these circumstances that you should relieve him of the \$600 fee for the above stated reasons. Contact my office if you have any further comments.

Sincerely,



H. N. Turchen C. P.A.