

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000070456**

1. Corporation Name

PLAYNATION PLAY SYSTEMS OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

1946 TIGERTAIL BLVD.
DANIA FL 33004

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

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

100025328431
12/08/03--01068--028 **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 Abouchita Elibrahimi
Street Address (P.O. Box Number is Not Acceptable)
1946 Tigertail Blvd Dania
Suite, Apt. #, Etc. 1
City DANIA State FL Zip Code 33004

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. or 617.0505, F.S.

Signature of
Registered Agent

Abouchita Elibrahimi
REGISTERED AGENT MUST SIGN

Date 12/02/03

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.

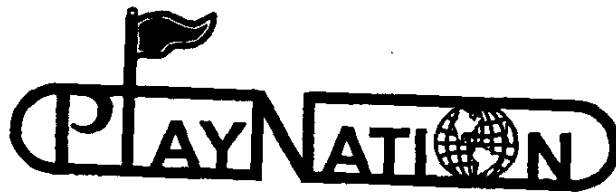
SIGNATURE:

Abouchita Elibrahimi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



Play systems of South Florida, Inc. ®

To Whom it may Concern

I. Abouchita Elibrahimi: officer of.
Playnation Playsystems of South Florida Inc.
have sent you a check for the amount of
150.⁰⁰ to pay the annual Report fee for my corpo-
ration, However I found out that you
mailed them for me because the check
was not signed, I never recieved the
unsigned check in the mail, and my
corporation was dissolved.
Please reinstate my Corporation.
I m enclosing a check for 150.⁰⁰
Thank you

Abouchita Elibrahimi
V.P. Playnation Playsystems of S.F. Inc