

APPLICATION FOR REINSTATEMENT



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

APPROVED
AND
FILED

00 DEC -8 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P99000008579**

1. Corporation Name

WORLD ART OF MIAMI, INC.

Principal Place of Business

Mailing Address

160 TORCHWOOD AVE.
PLANTATION FL 33324

160 TORCHWOOD AVE.
PLANTATION FL 33324

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1999

5. FEI Number

65-1022440

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
D	ENGELS, MARTIN	100 S.E. 2ND STREET, STE. 2150	MIAMI FL 33131
PD	YARON LEVY	160 Torchwood Avenue	Plantation, FL 33324
ST	LEON ALKELAY	160 Torchwood Avenue	Plantation, FL 33324

REINSTATEMENT 2000

500003524185--5
-01/05/01--01004--015
****600.00 ****600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHREIBER, DARRYL S
5600 SHERIDAN STREET
SCHREIBER SCHREIBER & SCHREIBER
HOLLYWOOD FL 33021

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

REGISTERED AGENT MUST SIGN

Date 12-5-00

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

Date

Daytime Phone #