

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 NOV 21 PM 2:57

DOCUMENT # **P99000099314**

1. Corporation Name

ETHNIC INT'L IMPORTS CO.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1330 HATCHER LOOP
BRANDON FL 33511**

Mailing Address

**1330 HATCHER LOOP
BRANDON FL 33511**



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

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3611134

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SALU, YOMI	1330 HATCHER LOOP	BRANDON FL 33511
D	SALU, BEVERLY	1330 HATCHER LOOP	BRANDON FL 33511

600009149986
11/21/02 01065-005 **150.00

8. Name and Address of Current Registered Agent

**SALU, YOMI
1330 HATCHER LOOP
BRANDON FL 33511**

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

CR2E040 (8/02)

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

SIGNATURE REQUIRED

Date

11-14-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-02

Date

Daytime Phone #

Ethnic Int'l Imports.
1330 Hatcher Loop Dr,
Brandon, FL 33511.

Nov 14, 2002.

Sir/Madam,
We did not receive any prior UBR notices.

Thank you,

BSalu
Beverly Salu.