

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # S82456

1. Corporation Name
SINGER ENTERPRISES, INC.

FILED

02 OCT 29 PM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2207 WILSON STREET
HOLLYWOOD FL 33020

Mailing Address
2207 WILSON STREET
HOLLYWOOD FL 33020

u ok
2002



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/23/1991	
City & State		City & State		5. FEI Number	
				65-0288796	
Zip		Country		Applied For	
				Net Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PSD	SINGER, BRUCE	2207 WILSON STREET	HOLLYWOOD FL

700008645647
10/29/02--01043--012 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SINGER, BRUCE 2207 WILSON STREET HOLLYWOOD FL 33020		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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date: 10/21/02

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 10/21/02 954 983 9685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/21/02 Daytime Phone #

CR2E040 (8/02)

207



Singer Enterprises
2207 Wilson St ~ Hollywood, FL 33021 ~ U.S.A.
Phone 954-448-2567

October 23, 2002

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Administration,

I am very sorry, but we did not receive your notice until Oct. The only one received was for administrative dissolution, if we would have known this would have been taken care of immediately. Please accept our apology and a check for \$150.00 to maintain our good standing with the Department of State.

Sincerely,

A handwritten signature in cursive script that reads "Bruce W. Singer".

Bruce W. Singer