

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.

Principal Place of Business

2207 WILSON STREET
HOLLYWOOD FL 33020

Mailing Address

2207 WILSON STREET
HOLLYWOOD FL 33020

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

09/23/1991

5. FEI Number

65-0288796

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

PSD

SINGER, BRUCE

2207 WILSON STREET

HOLLYWOOD FL

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

8. Name and Address of Current Registered Agent

SINGER, BRUCE

2207 WILSON STREET

HOLLYWOOD FL 33020

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. 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 954 923 9685

CR2040 (8/02)

2012

BWS

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,

Bruce W. Singer

Bruce W. Singer