

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 SEP 18 PM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S92557**

1. Corporation Name

ALL VINYL FABRICS, INC.

Principal Place of Business

9999 NW 89 AVE  
BAY 9  
MEDLEY FL 33178

Mailing Address

9999 NW 89 AVE  
BAY 9  
MEDLEY FL 33178

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

11/06/1991

5. FEI Number

65-0309790

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	STORCH, BRENDA	7885 SW 179TH TERR	MIAMI FL
VP	STORCH, ARI	7885 SW 179TH TERR	MIAMI FL
DST	STORCH, DARA	7855 SW 179TH TERR	MIAMI FL

500003408525--3  
-09/28/00--01092--014  
\*\*\*1200.00 \*\*\*1200.00

REINSTATEMENT 97-00 TS

8. Name and Address of Current Registered Agent

HAGEN, MAX M.  
16663 N.E. 19TH AVE.  
NORTH MIAMI BEACH FL 33162

9. Name and Address of New Registered Agent

Name Brenda Storch  
Street Address (P.O. Box Number is Not Acceptable)  
7885 SW 179th Terr  
Suite, Apt. #, Etc.  
City Miami State FL Zip Code 33157

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 9/5/00

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 Brenda Storch President Date 9/5/00 Daytime Phone # 305-238-3318

CP2E040 (8/97)