

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

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

DO NOT WRITE IN THIS SPACE

FILED

98 FEB 13 AM 10:40

Read Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # S96018**

**SLIM AMERICAN CORP.
3099 W OAKLAND PARK BLVD.
OAKLAND PARK, FL 33311**

2. If Address in Block is not correct, enter the correct address below:

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

1048 NW 113th WAY

City and State

Zip Code

CORAL SPRINGS, FL 33071

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

11/22/1991

5. FEI Number

65-0294125

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

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	SAMI SLIM	1048 NW 113th WAY	CORAL SPRINGS, FL 33071

**200002432782-5
-02/17/98-01053-014
****900.00 ****900.00**

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

**SAMI SLIM
900 W. OAKLAND PARK BLVD.
WILTON MANORS, FL 33311**

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

1048 NW 113th WAY

City

CORAL SPRINGS

State

FL

Zip

33071

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0535 F.S.

Signature of Registered Agent 
REGISTERED AGENT MUST SIGN


SAMI SLIM

Date **2/11/1998**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director 

Date **2/11/1998**

Daytime Phone # **954-340-4003**

Typed or printed name of signing officer or director **SAMI SLIM**

CP-25 (04/89)