

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra North
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT -7 PM 3:56

DOCUMENT # V32654

1. Corporation Name

Sima Investments, Inc.

10-7

Principal Place of Business

Mailing Address

201 N.W. 82nd Ave.
Suite 306
Plantation, FL 33324

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
04/30/92

5. FEI Number

65-0334596

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
DVP	Reiter, Isaac	2030 S. Ocean Drive, Apt. 820	Hallandale, FL 33009
DP	Stern, Abe	9801 Collins Ave., Apt. 19D	Bal Harbour, Fl. 33154
DV	Richards, Max	9801 Collins Ave., Apt. PH15	Bal Harbour, Fl. 33154

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REINSTATEMENT

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8. Name and Address of Current Registered Agent

Joel S. Piotrkowski, Esq.
317 - 71st Street
Miami Beach, FL 33141

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Accepted)
Suite, Apt. #, Etc.
City
State
Zip Code

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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

REGISTERED AGENT MUST SIGN

Date 10-7-97

11. 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.)

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:

Max Richards, Director

09/29/97

Date

(305) 865-4311

Daytime Phone #

CPRE040 (12/96)