

**APPLICATION
FOR
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

DOCUMENT # V33927
1 Corporation Name **Styles Holdings, Inc.**

96 NOV -5 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Mailing Address
**300 S. Pine Island Road
Suite 304
Plantation, FL 33324**

Principal Place of Business
**300 S. Pine Island Road
Suite 304
Plantation, FL 33324**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida 05/01/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0338163	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
D	Paul C. Steinfurth	3250 Mary Street #306	Miami, FL 33133
			100001999031--5
			-11/07/96--01050--012
			****375.00 ****375.00

REINSTATEMENT 1996

G. Alon

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Jeffrey Sarrow
300 S. Pine Island Road
Suite 304
Plantation, FL 33324**

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.

Signature of Registered Agent *Jeff Sarrow*
Jeff Sarrow REGISTERED AGENT MUST SIGN

Date **Oct. 22, 1996**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: *Paul C. Steinfurth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/30/96** Daytime Phone # **305 447-1307**