

**APPLICATION
FOR
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # V38691

1. Corporation Name

Styles Holdings II, Inc.

Mailing Address

3250 Mary Street
Suite 306
Miami, FL 33133

Principal Place of Business

3250 Mary Street
Suite 306
Miami, FL 33133

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

97 JAN 13 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1992

5. FEI Number

65-0340304

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/D	Paul C. Steinfurth	3250 Mary Street, Suite 306	Miami, FL 33133

400002057824--7
-01/14/97--01167--008
***\$15.00 ***\$15.00

96-13-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Paul C. Steinfurth
3250 Mary Street, Suite 306
Miami, FL 33133

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.

Signature of
Registered Agent

[Signature]

Paul C. Steinfurth

REGISTERED AGENT MUST SIGN

Date 1-10-97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, Paul C. Steinfurth

01/10/97

(305) 447-1307

Date

Daytime Phone #