

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV -8 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V61966**

1. Corporation Name

MEZRAH GROUP, INC.

Principal Place of Business

**2011 CLEVELAND ST. #A
TAMPA FL 33606**

Mailing Address

**2011 CLEVELAND ST. #A
TAMPA FL 33606**



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

09/02/1992

5. FEI Number

59-3139035

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	4 City / State / Zip
P	MEZRAH, JACK	2011 CLEVELAND ST. #A	TAMPA FL 33606
V	MEZRAH, MIKE	2011 CLEVELAND ST. #A	TAMPA FL 33606
S	MEZRAH, ALLAN	2011 CLEVELAND ST. #A	TAMPA FL 33606
T	MEZRAH, BRIAN	2011 CLEVELAND ST. #A	TAMPA FL 33606
			500003046285--2 -11/16/99--01092--007 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CASTELLANO, NELSON
2700 BARNETT PLAZA
101 E. KENNEDY BLVD.
TAMPA FL 33602**

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 807.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/2/99

11. 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 807.0401 or 817.0401, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/99
Date

(813) 254-7356
Daytime Phone #

CR2040 (8/99)

MEZRAH GROUP, INC.
REAL ESTATE DEVELOPMENT AND INVESTMENTS

2

November 3, 1999

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #V61966 (Mezrah Group, Inc)

Dear Division of Corporations:

Per my conversation with your representative, I am writing this letter on behalf of Mezrah Group, Inc in regards to the annual report for the corporation. In the past I have never received any other notice of any fees due for this company. I did however receive the late notice with a very high reinstatement fee due.

I do not feel that I should be responsible for documents that never were delivered to my office. In the future I am going to change the mailing address of all the companies in order for me to receive the mail in a timely manner.

I have submitted the fee of \$150.00 for the company. Please reinstate this company and I will make sure this issue does not come in front of you again.

Thank you for your time and consideration.

Sincerely,

MEZRAH GROUP, INC.



Mike Mezrah
Vice President