

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

90 JUL -1 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V62573**

1. Corporation Name

**Modast, Inc.
D/B/A Imperial Florist &
A Personal Touch**

Principal Place of Business

Mailing Address

**7101 W. Commercial Blvd.
Tamarac, Fl. 33319**

**1440 John F. Kennedy Cswy.
Suite 301
North Bay Village, FL. 33141**

**700002931337--9
-07/14/99--01082--006
***1650.00 ***1650.00**

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

REINSTATEMENT 93-99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09-01-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0357046

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	City / State / Zip
1	2	3	4
Pres.	Dominick Gambale	7101 W. Commercial Blvd.	Tamarac, FL. 33319

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Filing, Inc.
3732 NW 16th St.
Ft. Lauderdale, Fl. 33311**

Name

Clifford Y Pierce, CPA

Street Address (P.O. Box Number is Not Acceptable)

1440 John F. Kennedy Cswy. #301

Suite, Apt. #, Etc.

Suite 301

City

North Bay Village,

State

FL

Zip Code

33141

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

Clifford Y Pierce, CPA
REGISTERED AGENT MUST SIGN

Date

6-28-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 by 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:

Dominick Gambale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dominick Gambale

6-30-99 305-861-2766
Date Daytime Phone #

CR2E081 (12/98)