

LAZARUS 2201-440 APPROVED
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR 96
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 NOV 26 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000047127

1 Corporation Name

F-1 Holding Corp.

Principal Place of Business

Mailing Address

11900 Biscayne Blvd.
Suite 104
North Miami, FL 33181

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

6/16/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

X ☒ Approved
☐ Not Approved

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS CES-RED

\$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. Titles	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	Olaf Hartwig	7314 S.W. 48th Street	Miami, FL 33155

400002017024--3

-12/02/96--01028--007

***383.75 ***383.75

REINSTATEMENT

1996
G. Allen
11-26-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Olaf Hartwig
7314 S.W. 48th Street
Miami, FL 33155

Name
Susan Fredei
Street Address (P.O. Box Number is Not Acceptable)
11900 Biscayne Blvd.
Suite, Apt. #, Etc.
104
City
North Miami
State
FL
Zip Code
33181

10. Being appointed the registered agent of the above named corporation, I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/22/96

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 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)(b), Florida Statutes. I also 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 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 the 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 under oath.

SIGNATURE

11/22/96